

Employee Application

Date: _____

Name: _____
Last
First
Middle
Maiden

Present Address: _____
Street & Number
City
State
Zip

Telephone Number: _____ Social Security No: _____

In Case of Emergency Notify: _____

Relationship: _____ Phone: _____

Are You Presently Employed? (Y) (N) May We Contact Current Employer? (Y) (N)

Do you drive? (Y) (N) Do you have a valid driver's license? (Y) (N)

Have you ever received any kind of traffic ticket? (Y) (N) What kind? _____

Have you ever cared for children? (Y) (N) If yes, explain _____

Have you ever been investigated in connection with a charge of child abuse or neglect? ___ Yes ___ No If yes, explain _____

Have you ever been convicted of a crime involving either violence to persons or breach of moral conduct (i.e. rape, sexual molestation, incest, narcotics, etc)? ___ Yes ___ No If yes, explain _____

Have you ever been convicted of any felony? ___ Yes ___ No If yes, explain (including the date of the conviction) _____

Education

School Name	Location	Major/Specialization	Level or Degree Completed	Dates Attended

Please list any additional experience, schooling, or special qualifications: _____

Training

Start with your present position or last position and work back. If you were ever employed in any position under a different name, for each position give the name used.

Name and Address of Organization	Dates Employed	Start/End Salary	Job Title Duties	Reason for Leaving

References

List three (3) persons not related to you, and who can furnish information about you - do not repeat names of supervisors furnished in employment record.

Full Name	Business/Home Address	Occupation	Telephone

Applicant Signature _____

Date _____

Permission to Screen for Central Registry 03-2021

Check **ONE** box that corresponds with the facility type or Reason for this request.

- Adoption
- Before & After School Center
- Child Placement Agency
- Foster Home
- Group/Residential Facility
- Head Start Program
- Independent Living Prep Program
- In-Process Regulated Child Care
- Child Advocacy Centers
- Regulated Child Care Program
- Relative/Other Caretaker (DOC)
- Relative Placement (CPS)
- Tribal Child Welfare
- CASA
- Other: _____

(Please read instruction on back of this form before completing)

SOUTH DAKOTA PERMISSION TO SCREEN FOR REPORTS OF ABUSE OR NEGLECT

In connection with my application/approval, as a(n) _____ I understand that my name must be screened for substantiated reports of abuse or neglect in South Dakota and any other states in which I have resided in over the age 18 in the last 10 years. My signature authorizes that South Dakota Department of Social Services, and any other state, to search any information systems and any central registry for child abuse and neglect they may have, and review records, identified in the search which may provide information related to reports and investigations of abuse or neglect. My signature authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the South Dakota Department of Social Services.

FULL Legal Name: _____ **Date of Birth:** _____

Maiden Name: _____ **Other Names Used:** _____

Social Security #: _____ **Sex:** _____ **Race:** _____ **Resource #:** _____

List All Prior Cities/States lived in since the age of 18 or the last 10 years. You may use additional blank sheet of paper if necessary.

City	State	Date (MM/YY)	City	State	Date (MM/YY)

List Full Birth Name and Date of Birth of ALL of your children:

First	Middle	Last	DOB(MM/DD/YY)	First	Middle	Last	DOB(MM/DD/YY)

The Department of Social Services, it's staff and agents are released from any and all liability based upon information transmitted through this authorization, as long as such information is given in good faith.

My Signature further authorizes the release of any information found in these searches, including but not limited to substantiated incidents not on the central registry of child abuse and neglect, to the agency listed below. Parent/Guardian signature is also required if the individual completing the form is under the age of 18.

Signed: _____ Date _____

Your Current Address: _____

Agency Contact Person Phone Number & E-mail	Agency Name & Address	Provider/Agency License Number
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- N/A – DSS field office/Head Start
- N/A – License not yet issued