



IHANKTONWAN COMMUNITY COLLEGE EMPLOYMENT APPLICATION

“Woksape Owakide”

Chartered by the
Yankton Sioux Tribe 1993

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Other names which may appear on educational or work records: _____

Mailing Address _____ City _____ State _____ Zip Code _____

Residence or Street Address _____ City _____ State _____ Zip Code _____

Email Address _____ Work Phone Number _____

Home Phone Number (Unlisted? Yes/No) _____ Cellular Phone Number _____

POSITION INFORMATION

Position Applying For: _____

Department (If known or listed): _____

Date Available to Begin: _____ Full-Time _____ Part-Time _____

After your review of the job description for this position, and if the position is offered and you accept, your signature will be required. The job description is available at the ICC website: <http://www.iccoyate.com> or in the Business Manager Office.

Have you applied for positions at ICC previously? Yes No

Have you been employed by ICC previously? Yes No

May we contact your current employer? Yes No

EDUCATIONAL INFORMATION				
Schools Attended High School, College, Graduate School, Vocational	Location	Dates of Attendance From – To	Date of Graduation	Academic Degree Major

LICENSURE, REGISTRATION, CERTIFICATION INFORMATION				
Name of License, Registration or Certification	Number	Date Received	Expiration Date	Licensing Agency

INSTRUCTIONAL INFORMATION

List the disciplines in which college courses taken at the graduate level total 18 or more graduate credit hours:

List courses you have taught on the college level: _____

SKILLS AND ABILITIES

List any skills (e.g., languages spoken fluently, word processing, computers, bookkeeping, equipment you can operate); additional training (e.g., professional seminars, company sponsored courses), awards or honors that you believe have a bearing on your qualifications for this position.

EMPLOYMENT HISTORY List most recent job first. Duplicate this page if needed. Applicant must complete each line item. Failure could result in the application not being considered.

Name of Employer: _____
Address, City, State: _____
Supervisor's Name & Title: _____
Phone Number: _____ Your Job Title: _____
Employment Dates: _____ From _____ To _____
Hours Worked Per Week: _____ Full or Part-Time?
Salary/Hourly Rate: _____ Your Name at Time: _____

Name of Employer: _____
Address, City, State: _____
Supervisor's Name & Title: _____
Phone Number: _____ Your Job Title: _____
Employment Dates: _____ From _____ To _____
Hours Worked Per Week: _____ Full or Part-Time?
Salary/Hourly Rate: _____ Your Name at Time: _____

Name of Employer: _____
Address, City, State: _____
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Hours Worked Per Week: _____ Full or Part-Time?
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Salary/Hourly Rate: _____ Your Name at Time: _____

Name of Employer: _____
Address, City, State: _____
Supervisor's Name & Title: _____
Phone Number: _____ Your Job Title: _____
Employment Dates: _____ From _____ To _____
Hours Worked Per Week: _____ Full or Part-Time?
Salary/Hourly Rate: _____ Your Name at Time: _____

REFERENCES				
List three references from persons qualified to evaluate your education, work experience, and character (other than the supervisors listed on the Employment History section of this application). Do not include family members or relatives.				
Name	Address	Occupation	Phone Number	Years Known

OTHER		
The following information is voluntary and is not used in determining employment decision. We do appreciate your participation if you so choose. Place a check in the corresponding box.		
Race	Sex	Disability/Handicap
<input type="checkbox"/> White	<input type="checkbox"/> Male	<input type="checkbox"/> Yes
<input type="checkbox"/> African American	<input type="checkbox"/> Female	<input type="checkbox"/> No
<input type="checkbox"/> Hispanic		
<input type="checkbox"/> Native American Indian		
<input type="checkbox"/> Other		

NATIVE AMERICAN INDIAN PREFERENCE		
Are you claiming Native American Indian Preference?	Yes	No
If yes, you must attach a copy of your Tribal Membership.		

VETERAN'S PREFERENCE		
Are you claiming Veterans' Preference?	Yes	No
If Yes, you must attach a copy of DD-214 or equivalent certification from the VA.		

SIGNATURE

Please read and initial each paragraph before signing the application.

The information provided in this employment application (and accompanying documents, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date to be false.

Initials: _____

I authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application form (and accompanying resume if any) to provide relevant information and opinions that maybe useful in making a hiring decision, and I release such persons and organizations from any legal liability making such statements.

Initials: _____

I understand that the use of illegal drugs is prohibited during employment. I'm willing to submit to drug testing prior to being offered or during my tenure or employment at ICC. Initials: _____

Signed

Date

Directions:

Return completed and signed application including all applicable documents to

IHANKTONWAN COMMUNITY COLLEGE
Attention: EMPLOYMENT APPLICATION
P.O. Box 295
Marty, SD 57361

Please include the following:

1. Letter of interest and summary of attachments.
2. Resume
3. Official college transcripts. These must be sent directly from the college from which you are requesting to the address above.
4. Copies of official certifications
5. Letters of recommendation
6. Other pertinent documents which describe qualifications education and experience

Equal Opportunity

The Ihanntonwan Community College does not discriminate on the basis of race, color, sex, age, religious creed, political ideas, marital status, physical or mental handicap, or national origin or ancestry. The Ihanntonwan Community College operates in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education amendments of 1972 and Section 504 of the Rehabilitation Act of 1973 and any other applicable federal, state, and tribal law.

Mission Statement

The mission of ICC is to establish and operate a college that will serve as the Yankton Sioux Tribe center for higher education, research, culture and tradition with authority to grant post-secondary degrees and certificates, especially that of the Associate Degree, to enter into agreements with public or private agencies to offer higher education on the lands of the Ihanntonwan YST, and to generally coordinate and regulate all higher education within the lands of the Ihanntonwan YST. The mission shall include nurturing the core Ihanntonwan values of relationships, spirituality, respect, honor, and wisdom, which are core to the Ihanntonwan way of life.

**IHANKTONWAN COMMUNITY COLLEGE
APPLICANT RELEASE OF INFORMATION AUTHORIZATION**

I authorize ICC to investigate all of the statements contained in this application including any and all attachments. I also authorize ICC to contact my present employer (unless otherwise noted in this application for), past employers and listed references. I understand that ICC may request a criminal investigative report.

I authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application form (and accompanying resume if any) to provide and release any and all relevant information and opinions that maybe useful in making a hiring decision, and I release such persons and organizations from any legal liability making such statements or releasing applicable information.

Print Full Name: _____

Signature: _____ Date: _____

For the responding individual or organization. The above named individual has authorized a release of information to be used in the consideration of employment here at ICC. We are asking the appropriate individual to complete the attach form and return all relevant information in the enclosed envelope to:

**IHANKTONWAN COMMUNITY COLLEGE
Attention: Employment Application File
P.O. Box 295
Marty, SD 57361**