



Cankdeska Cikana
Community College
PO Box 269
Fort Totten, ND 58335
Phone: (701)766.1309
www.littlehoop.edu

Application for Employment

Please attach all College Transcripts, High School Diploma or GED Certificate. Two forms of Identification required if hired. (Please Print)

Date of Application: _____ Position Applied for: _____

Social Security No.: _____ - _____ - _____ Are you a US Citizen Yes _____ No _____

Name: _____
Last First Middle Initial

Address: _____
PO Box No. Street City State Zip Code

Telephone: (____) ____ - ____ Alternate Telephone Number: (____) ____ - ____

Email address: _____

Tribal Affiliation _____ Enrollment Number _____

Have you ever been employed by CCCC/or CCCC Head Start Program: Yes ___ No ___ Year _____

Are you a Veteran: Yes ___ No ___ Please provide your DD214.

Do you have any physical disabilities, impairments or take any prescription medications that may require special accommodations or will affect your employment in any way: Yes ___ No ___ If Yes, please provide the necessary information. _____

Have you been convicted of a felony within the last 7 years: Yes ___ No ___

Educational Information

High School Level Completed: Please circle 9 10 11 12 Year Graduated _____
Name of High School _____ GED: Yes ___ Year Completed _____

College Level Completed: 1 2 3 4 +

College Name _____ Degree _____ Major _____ Year _____
College Name _____ Degree _____ Major _____ Year _____
College Name _____ Degree _____ Major _____ Year _____

Work Experience

List in order, start with your present or last job. Account for any gaps in your employment.

Employer: _____

Address: _____

Date Employed from: _____ to _____ Job Title: _____

Supervisor: _____ Phone Number: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

May we contact employer? Yes ___ No ___ If no, Why? _____

Employer: _____

Address: _____

Date Employed from: _____ to _____ Job Title: _____

Supervisor: _____ Phone Number: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

May we contact employer? Yes ___ No ___ If no, Why? _____

Employer: _____

Address: _____

Date Employed from: _____ to _____ Job Title: _____

Supervisor: _____ Phone Number: _____

Duties/Responsibilities: _____

Reason for Leaving: _____

May we contact employer? Yes ___ No ___ If no, Why? _____

Describe any specialized skills, apprenticeships or computer programs you have experience in:

State any additional information you feel may be helpful to us in considering your application:

References

List three employment references familiar with your work experience. Do not list relatives.

Name		Job Title	
Address		City	State
Dates Known	E-mail Address		Telephone Number

Name		Job Title	
Address		City	State
Dates Known	E-mail Address		Telephone Number

Name		Job Title	
Address		City	State
Dates Known	E-mail Address		Telephone Number

I certify that the statements made on this application are complete and true to the best of my knowledge and any misrepresentation, falsification, or omission shall be grounds for immediate dismissal. If employed I agree to comply with all policies and procedures of Cankdeska Cikana Community College.

Signature of Applicant

Date

STATEMENT OF POLICY ON NON-DISCRIMINATION

Cankdeska Cikana Community College will not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, gender, sexual orientation, disability, age, religion, ancestry, or any other legally protected classification. Announcement of this policy is in accordance with Federal law, including Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. Inquiries or concerns may be referred to the Vice President of Academics, Cankdeska Cikana Community College, (701)766-1133 or 1-888-7831463 or to the Office of Civil Rights, US Department of Education, 500 W. Madison Street Suite 1475 Chicago, IL 606

Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act and Campus Fire Safety Right-To-Know Act Notification:
 Pursuant to the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, the current Annual Security Report (ASR) is available for viewing at https://www.littlehoop.edu/wpcontent/uploads/2022/10/CCCC_2022_Clery_Security_Report.pdf.

The ASR contains the current security and safety-related policy statements, emergency preparedness and evacuation information, crime prevention programming. The assault prevention information, and drug and alcohol prevention programming. The ASR also contains statistics of Clery Act crimes for Cankdeska Cikana Community College for the last three (3) calendar years. Paper copies are available upon request in the Student Services Department.

CCCC Completes Mandatory Background Checks on All Employees



DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY
BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

ORDER NUMBER:

FAX: 910.343.9731

Company Name: Cankdeska Cikana Community College

CAC: CU42

Cankdeska Cikana Community College ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p><u>New York and Maine applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.</p>
<p><u>New York applicants or employees only:</u> Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><u>Oregon applicants or employees only:</u> Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.</p>
<p><u>Washington State applicants or employees only:</u> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Castle Branch, Inc., 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<p><u>New York applicants or employees only:</u> By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company <input type="checkbox"/></p>
<p><u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>

CCCC Background Check Information

Last Name _____ First _____ Middle _____

Other Names/Maiden/Alias _____

Social Security* # _____ Date of Birth* _____ (mo/day/year)

Driver's License# _____ State _____

Phone# _____

Email _____

Present Address _____

City _____ State _____ Zip _____

County _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: _____ Date: _____

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact: Sheri Diehl	Email: sheri.diehl@littlehoop.edu		
Phone: (701) 766.4415	Fax: (701) 766.1320		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>