



INTERNSHIP APPLICATION

Type of Internship you are applying for: _____

Date available/interested in starting the internship: _____

How many intern hours are required and during what time frame: _____

Name (First & Last) _____

Phone Number: _____ Email Address: _____

Address: _____

Are you legally eligible to work in the U.S.? Yes No

EDUCATION:

Type of School	Name & Location	Degree/Date	Major
High School	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Scholastic Honors and/or Licenses:

EMPLOYMENT HISTORY:

Current/Most Recent Employer: _____ Phone number: _____

Address: _____

Supervisor Name & Title: _____

Position Title: _____

Dates of Employment: _____

Reason for leaving: _____

Description of Duties: _____

Employer: _____ Phone number: _____

Address: _____

Supervisor Name & Title: _____

Position Title: _____

Dates of Employment: _____

Reason for leaving: _____

Description of Duties: _____

Employer: _____ Phone number: _____

Address: _____

Supervisor Name & Title: _____

Position Title: _____

Dates of Employment: _____

Reason for leaving: _____

Description of Duties: _____

PROFESSIONAL REFERENCES

NAME	RELATIONSHIP TO YOU	PHONE	EMAIL

Please tell us why you would like to intern at Children's Home Society:

Children's Home Society of South Dakota affords equal employment opportunity.



CHILDREN'S HOME SOCIETY

Applicant Information Release

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Children's Home Society, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Name (print): _____

Signed: _____

Date: _____

APPLICANT'S STATEMENT

Children's Home Society conducts background checks and drug/alcohol testing for employment related purposes.

1. I understand and agree that any misrepresentation by me in this application may be sufficient cause for rejection of this application and/or termination of employment if I am hereafter employed by the Children's Home Society. Furthermore, if I am hired, I understand that I am free to resign at any time and that the Children's Home Society reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the Children's Home Society has authority to make any guarantees to the contrary. I acknowledge and agree that any changes in the employment relationship must be made in writing and signed by an authorized representative of the Children's Home Society.
2. I understand that I may be required to submit to a pre-employment medical exam and to provide information in response to medical inquiries, the results of which might disqualify me from employment. If requested, I agree to furnish such information and to submit to such examinations.
3. I understand that I will be requested to submit to a test to detect the presence of adulterants and/or current illegal use of drugs. If the test results identify that I currently use drugs illegally and/or adulterants are present, I will not be eligible for employment by the Children's Home Society. I further understand that I have the right to refuse to submit to such tests or to consent to such tests of my own free will. However, if I refuse to submit to such testing I will not be considered for employment.
4. I authorize the Children's Home Society to make a thorough investigation of my past employment, education, and job related activities. To the extent permitted by law, I release the Children's Home Society from any liability which might result from making such investigation, and I release from any liability all persons and entities supplying such information.
5. I understand that the Children's Home Society will consider this application to contain current information for a period of only six months. At the expiration of six months if I have not heard from the Children's Home Society and if I still desire to be considered for employment, I understand that it will be necessary for me to complete a new application.
6. 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 since my birth. My signature authorizes the 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 that may provide information relating 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 and the Children's Home Society.
7. As required to the SDCL 26-6-14.5 for employment, residence, or presence in a child welfare agency, I understand I must declare a history of prior criminal conviction and military service. I authorize the South Dakota Division of Criminal Investigation for the State of South Dakota to release to the Children's Home Society any information concerning me contained in the criminal history record files of the Division. I understand that the criminal history (including misdemeanors and traffic citations) record files contain records of arrest which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released, even though this record is designated as "nonpublic" under the provisions of 23A-27-17. I understand the provisions and will fully declare in this application packet, my criminal conviction and military history.
8. I understand the Children's Home Society will conduct additional criminal background checks that may include the following criminal offenses: felonies, misdemeanors, criminal infractions, and motor vehicle driving records.

9. Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., and all applicable federal, state, and local laws, I authorize and permit the Children's Home Society to obtain records of my driving for the purpose of determining whether I will be authorized to drive an agency vehicle.

10. If employed, I authorize Children's Home Society to supply information regarding my employment records, in confidence, to any prospective employer, government agency, or other party with a legal and proper interest. With full knowledge of this provision, I hereby voluntarily release CHS from all liability for providing such information.

11. No questions on this application are used for the purpose of limiting or excluding the Children's Home Society's considering applicants for employment on a basis prohibited by federal, state, or local law. It is also not used by the Children's Home Society for the purpose of attempting to obtain information prohibited by federal, state, or local law.

By signing this form you hereby understand that as part of the recruitment process, a thorough background check and drug screen will be conducted.

PRINT NAME

SIGNATURE

DATE

**CHILDREN'S HOME SOCIETY
CONFIDENTIALITY**

It is the policy of Children's Home Society to insure the confidentiality and privacy of our clients, clients' families, staff members, and CHS business. The purpose of this policy is to insure that CHS employees respect the confidentiality and privacy of our clients, clients' families, staff members, and CHS business.

All employees are responsible for protecting the confidentiality of client records information and communication and must adhere to the following:

1. A client's records and treatment plan are the property of CHS and must be carefully maintained to serve the client, the appropriate staff, and CHS in accordance with legal accrediting and regulatory requirements. All client information will be regarded as confidential and available only to predetermined authorized users.
2. Inquiries from friends and relatives concerning a client are to be directed to the therapist assigned to the client or the Program Director.
3. The collection of information regarding a client or client's family whether by interview, observation or review of documents, will be conducted in a setting that provides maximum privacy and protects the information from unauthorized individuals.
4. Staff must not indirectly or inadvertently imply or reveal information about a client or client's families.
5. Discussion of a client and his or her case must always be conducted in a secure environment to eliminate unauthorized persons over-hearing information. General conversation about a client or client's family, without specific or necessary clinical purpose, shall not be engaged in.
6. Records must remain in a confidential environment when being reviewed to safeguard against release of information to unauthorized individuals.
7. Whenever a record is removed from the file location, it must remain in the immediate possession, control, or supervision of the individual removing the record. Records are never to be left unattended or unsecured.
8. At no time may a record be in the possession of a client, a client's family, or any other unauthorized party.
9. Telephone conversations should not be conducted if an unauthorized person is present in the office.
10. Schedules, bulletins, etc. which can be viewed by the public may not reflect a client's last name.
11. Tours of and visitations of the agency should be conducted in such a manner which respects the client's confidentiality and privacy. Clients may only be introduced using their first name. The client may introduce himself or herself using their last name, if they choose.
12. Once dictation tapes have been transcribed, they must be erased.
13. When destroying written material, rip, or shred thoroughly so the item cannot be easily reassembled and read.
14. Providing names to the news media or allowing pictures of clients to be taken is prohibited, except under specific circumstances approved by the Executive Director or the Executive Director's designee.
15. When releasing information, the Children's Home Society "Release/Request of Information" policy must be followed.
16. It is the responsibility of Children's Home Society and all staff to safeguard client information against loss, defacement, tampering, unauthorized disclosure, or use by unauthorized individuals.
17. Inquiries from newspapers, radio, and television stations, and other sources of public information are to be referred to the Executive Director or the Executive Director's designee.
18. Staff members are not permitted to give confidential information to anyone without the Executive Director or the Executive Director's designee's approval. Confidential information may include such things as files, policies and procedures, handbooks, program documents, and business forms. The Executive Director is the sole interpreter of information that is confidential.
19. All staff members are required to sign this statement of confidentiality as a condition of employment.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY AND PROCEDURE AND AGREE TO ABIDE BY THEM.

Applicant/Employee Signature

Date

DECLARATION OF PRIOR CRIMINAL CONVICTION AND MILITARY HISTORY

As required by SDCL 26-6-14.5 for employment, residence or presence in a child welfare agency, this declaration must be completed and retained in the employee/provider/volunteer file. For adoptive and foster homes approved/licensed by DSS, a copy of the form should be submitted with FBI fingerprint cards to the Office of Child Protection Services, 700 Governors Drive, Pierre, SD 57501-2291.

Reason for Criminal Record Check

____ Applicant or ____ Adult Household Member for ____ Adoption ____ Foster Care ____ Kinship Care
Or ____ Applicant or Volunteer in Licensed Child Welfare Agency

The following comprises a complete history of prior criminal convictions and military history for:

Name: _____

Soc Sec #: _____; Birthdate: _____

Crime Convicted Of	Date of Conviction	Sentence or Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Branch of Service	Dates of Service	Type of Discharge
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby declare and affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief. I understand my fingerprints are being submitted for criminal record checks for the purpose of, adoption or kinship care approval, foster home licensure, household member in a licensed or approved resource home, or for employment or a volunteer in a licensed child welfare agency. I have been informed I may review my criminal history record information or challenge the finding of an FBI criminal record check by contacting the local jurisdiction that submitted the information to the FBI or by writing to FBI CJIS Division – Record Request (Use “FBI CJIS Division – Correspondence Group” for challenge); 1000 Custer Hollow Road; Clarksburg, West Virginia 26306 as outlined in 28 CFR 16.34.

Signed this _____ day of _____, 20____

Agency Return Address

(Signature)

(Agency & Contact Person Name)

Street Address and/or PO Box Number

Street Address and/or PO Box Number

City State Zip

City State Zip

INSTRUCTIONS FOR COMPLETING PERMISSION FORM

1. Each applicant and all other required person age 10 years or older must complete and sign a Permission to Screen for Reports of Abuse or Neglect form. **Please complete in blue or black ink only on white paper.**
2. From choices listed, mark correct box to indicate the appropriate facility/provider type.
3. List on the first blank line of this form, the type of license or registration or employment position for which you have applied (this will vary for each person). Examples are, but are not limited to:

Family Day Care applicant	Adoption Applicant	Child to Applicant	Teacher	Facility Director
Facility/Program Administrator	Foster Care Applicant	Site Assistant	Volunteer	Facility Driver
Secondary Child Care Worker	Spouse of Applicant	Site Coordinator	Facility Cook	GFDC Operator
Other household member	Youth Care worker			

4. PRINT your full name on the appropriate line. This would be your current legal first, middle, and last name. The listing of your date of birth must include the month, day and year you were born.
5. List your maiden name on the appropriate line. If this section does not apply to you, write N/A (meaning not applicable) in this area.
6. List any other names you have used on the appropriate line. Examples of such name would be nicknames; any abbreviated versions of your full name (i.e., William/Bob or Edward/Ed); previously married names; a birth name; or any other names that have been used.
7. List your social security number, sex and your race and resource# if applicable.
8. List all cities, states, and the years you lived there from age 10 to present on the appropriate lines. If you need additional space, please use another blank sheet of paper and be sure to include your first and last name.
9. List the full name (first, middle, last name at birth) and date of birth for **all of your own children** (even if the children are adults, deceased or do not live with you). Do **not** list the names of other people's children for whom you provide care (i.e., daycare children, children in foster care, children not yet born).
10. **SIGN your name** at the bottom of the form. If the screening is for a person under 18 years of age, this person's parent or legal guardian must sign the form. **Include** your current full mailing address at the bottom of the form.
11. Complete the Agency Information by listing the agency's name as it appears on their license, agency complete mailing address and telephone number, and the agency's license number as it appears on their license. If the agency has applied for a licensed but has not yet received its beginning license, mark where indicated.
12. Return your completed permission form to the appropriate agency.

If any information is found that would prohibit the issuance of a child welfare license or registration or prohibit employment with a licensed or registered child welfare agency, the individual will be notified of the screening results and be informed of their right to request a hearing on the matter if they have not received previous notice. Once proper notification has been accomplished, the Department will notify the licensed or registered agency of the screening results.

FAILURE TO LIST ALL INFORMATION OR COMPLETE ALL QUESTIONS WILL DELAY THE SCREENING PROCESS.

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 since age 10. 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 City, State and Years lived since age 10 (ie., 1989-2010):	Use additional blank sheet of paper if necessary																																				
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List Full Name (First, Middle, Last Name at birth) **and Date of Birth of ALL of your children:**
(Do not list other people's children for whom you might provide daycare)

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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.

Signed: _____ Date: _____

Your Current Address: _____

Agency Contact Person Phone Number & E-mail	Agency Name & Address	Provider/Agency License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

N/A – DSS field office/Head Start
 N/A – License not yet issued