



Please return signed applications to:

Tate Topa Tribal School  
PO Box 199  
Fort Totten, ND 58335

They can also be emailed to:

Jackie Thompson  
Jackie.Thompson@k12.nd.us  
(701)766-1400 x1483

Perry Kopp  
Perry.Kopp@k12.nd.us  
(701)766-1470



Tate Topa Tribal School  
7268 Highway 57 Box 199  
Fort Totten, ND 58335

Ph. 701-766-1400 Fax 701-766-1471

Website: <http://www.fourwinds.k12.nd.us/pages/FortTotten30>

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### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency

that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b).

<sup>4</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d). VERSION DATE: 09/28/2019

#### Privacy Act Statement for Fingerprints

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

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Printed Name Signature

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Date

**Warning:** This document may contain Privacy Act Data/Sensitive Data which is intended only for the use of the individual it is addressed or requested. It may contain information that is privileged, confidential or otherwise protected from disclosure under applicable laws



# TATE TOPA TRIBAL SCHOOL

Employment Application



## APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

## EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

## REFERENCES

*Please list three professional references.*

Full Name		Relationship
Company		Phone (     )
Address		
Full Name		Relationship
Company		Phone (     )
Address		
Full Name		Relationship
Company		Phone (     )
Address		

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	
Tribal Affiliation:	Enrollment Number:

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION (PLEASE READ BEFORE SIGNING)	
<p>I certify that answers given herein are true and complete. I hereby certify that there are no omissions, misrepresentations, or falsifications. I understand that, if I am hired by the Tate Topa Tribal School, false or misleading information given in this Application, resume, or interview(s) may be grounds for immediate termination of my employment. I understand, also, that I am required to abide by all rules and policies of The Tate Topa Tribal School.</p> <p>I hereby authorize The Tate Topa Tribal School to conduct any and all necessary inquiries as to my character, reputation, background and ability to perform in the position I am applying for. I specifically authorize The Tate Topa Tribal School to contact any and all of the educators, employers and references listed on my submitted resume and background information, and I authorize such educators, employers, and references to release to The Tate Topa Tribal School any and all information, orally or in writing (including documents and/or other records) regarding my education, employment history, background and any other matter related to my Application for employment with The Tate Topa Tribal School, and I hereby release such persons from any and all legal liability in connection with the same.</p> <p>I understand and agree that upon receiving a conditional offer of hire, I will be required to submit to national and state criminal record checks, drug testing, and fingerprinting, and I fully authorize The Tate Topa Tribal School to conduct any and all such tests and background checks. I agree to cooperate with same and hereby release The Tate Topa Tribal School from any and all legal liability in connection with the same.</p> <p>I hereby understand and acknowledge that any employment relationship with The Tate Topa Tribal School is of an "at will" nature.</p> <p>BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.</p>	
Signature	Date

Authorization for Release of Information  
Tate Topa Tribal School  
Fort Totten, ND

I hereby authorize Validity Screening/Tate Topa , representing Tate Topa Tribal School, to conduct .an investigation into my personal background for the purpose of evaluating my qualifications for employment. I also acknowledge and agree that such information may be obtained through Spirit Lake Tribal Court, Benson County Sheriff's Department and other appropriate entities. I further acknowledge and agree that inquiry into my character and criminal history background may be relevant to the evaluation of my qualifications and that such information will be released and disclosed to : Superintendent, Tate Topa Tribal School.

I have been advised and I understand that I have the right to make a written request within 30 days from the date hereof to receive information concerning the nature and scope of the above described background investigation. The foregoing is in accordance with my understanding and agreement and my signature on this authorization for release of information form confirms acceptance hereof. Copies of this form that show my signature are as valid as the original Authorization for Release of Information form signed by me. Before signing, I have had the opportunity to review this document.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

This Release and Authorization shall not be valid later than one year from date signed above. You may be asked to complete a new authorization for release of information upon expiration of such one year period.

This investigation is in accordance with PL 101-630,26 CFR 63.14 and PL 100-297

## Background Information

Please read carefully and thoroughly

Your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit: (1) traffic fines of \$300.00 or less, (2) any violation of law committed before our 16<sup>th</sup> birthday, (3) any violation of law committed before your 18<sup>th</sup> birthday if finally decided in juvenile court or under a Youth Offender Law, (4) any conviction set aside under the Federal Youth corrections Act or similar State Law, and (5) any conviction whose record was expunged under Federal or State Law.

Section 231 of the Crime Control Act of 1990, Public Law 101-647, require that employment applications for federal child care positions have applications sign a receipt of notice that criminal records check will be conducted.

1. Have you ever been arrested for or charged with a crime involving a child? **Yes No**

If yes use additional space section to provide the date, explanation or the violation, disposition of the case or charge, place or occurrence and the name and address of the police department or court involved.

Section 408 of the miscellaneous indian legislation, public law 101-630 requires a criminal records check for positions with regular contact with, or control over indian children.

2. Have you ever (1) been arrested for or charged with a crime involving a child, and/or (2) been found guilty of, or entered a plea of nolo contendere or guilty to, any offense under Federal, State, or Tribal law involving crimes of violence; sexual assault, molestation, exploitation, contract or prostitution, or crimes against persons? **YES NO**

If yes use additional space section to provide the date, explanation of the violation, disposition of the case or charge, place or occurrence and the name and address of the police department or court involved.

3. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (includes felonies, firearms, or explosives violations, misdemeanors, and all other offenses) **YES NO**

If yes use additional space section to provide the date, explanation of the violation, disposition of the case or charge, place or occurrence and the name and address of the police department or court involved.

4. Have you been convicted by a military court-martial in the past 10 years? (if no military service, answer "no") **Yes No**

If yes use additional space section to provide the date, explanation of the violation, disposition of the case or charge, place or occurrence and the name and address of the police department or court involved.

5. Are you under charges for any violation of Law? **Yes No**

If yes use additional space section to provide the date, explanation of the violation, disposition of the case or charge, place or occurrence and the name and address of the police department or court involved.

6. During the last 5 years, were you fired from any job for any reason, quit after being told that you would be fired, did you leave any job or mutual agreement because of specific problems, or



If yes use additional space section to provide the date, explanation of the problem and reason for leaving, and the employer's name and address.

- If yes use additional space section to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

(Use separate Sheet for additional information, if necessary)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

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Signature & Date

# Supplemental Data For Background Checks (Please print clearly)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle MM/DD/YEAR

Maiden Name or other Names used within the Past Five(5) years

\_\_\_\_\_  
List name and year each time name changed

Driver's License Number: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_

## Home Address For Past Five (5) Years (Use Additional page if needed)

Address:	City	State	Zip	From: Mo/Yr	To: Mo/Yr
Address:	City	State	Zip	From: Mo/Yr	To: Mo/Yr
Address:	City	State	Zip	From: Mo/Yr	To: Mo/Yr
Address:	City	State	Zip	From: Mo/Yr	To: Mo/Yr
Address:	City	State	Zip	From: Mo/Yr	To: Mo/Yr

HAVE YOU EVER LIVED ON ANY NATIVE AMERICAN LANDS/RESERVATIONS? YES NO

IF YES, WHERE? (LOCATION & DATE) \_\_\_\_\_

\_\_\_\_\_

## Educational Background

Please attach official transcript

Name of High School: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Diploma Recieved: \_\_\_\_\_  
Yes/No Year

Name of College/University: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Degree/Major: \_\_\_\_\_ Date Degree Recieved: \_\_\_\_\_

List of name(s) if different than above at time of High School or College Attendance:

Type of Professional License/Certification: \_\_\_\_\_

License or Certification Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Location where License or Certification was received: \_\_\_\_\_

## Employment History

(List MOST RECENT first and include Military Service)

May we contact Present Employer? \_\_\_\_\_ (If NO, Please Explain)  
Yes No

Name of Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Employer:\_\_\_\_\_ Telephone Number:\_\_\_\_\_  
Mailing Address:\_\_\_\_\_ Name of Supervisor:\_\_\_\_\_  
Employment Dates: From:\_\_\_\_\_ To:\_\_\_\_\_ Supervisor's Title:\_\_\_\_\_  
Position Held:\_\_\_\_\_ Reason for Leaving:\_\_\_\_\_

Name of Employer:\_\_\_\_\_ Telephone Number:\_\_\_\_\_  
Mailing Address:\_\_\_\_\_ Name of Supervisor:\_\_\_\_\_  
Employment Dates: From:\_\_\_\_\_ To:\_\_\_\_\_ Supervisor's Title:\_\_\_\_\_  
Position Held:\_\_\_\_\_ Reason for Leaving:\_\_\_\_\_

Name of Employer:\_\_\_\_\_ Telephone Number:\_\_\_\_\_  
Mailing Address:\_\_\_\_\_ Name of Supervisor:\_\_\_\_\_  
Employment Dates: From:\_\_\_\_\_ To:\_\_\_\_\_ Supervisor's Title:\_\_\_\_\_  
Position Held:\_\_\_\_\_ Reason for Leaving:\_\_\_\_\_

## References

Three (3) references MUST be Professional

Name:\_\_\_\_\_ Telephone No. (Home)\_\_\_\_\_ (Business)\_\_\_\_\_

Address:\_\_\_\_\_ Years Known: (Socially)\_\_\_\_\_(Professionally)\_\_\_\_\_

Business Address:\_\_\_\_\_ Relation or Job Title:\_\_\_\_\_

Name:\_\_\_\_\_ Telephone No. (Home)\_\_\_\_\_ (Business)\_\_\_\_\_

Address:\_\_\_\_\_ Years Known: (Socially)\_\_\_\_\_(Professionally)\_\_\_\_\_

Business Address:\_\_\_\_\_ Relation or Job Title:\_\_\_\_\_

Name:\_\_\_\_\_ Telephone No. (Home)\_\_\_\_\_ (Business)\_\_\_\_\_

Address:\_\_\_\_\_ Years Known: (Socially)\_\_\_\_\_(Professionally)\_\_\_\_\_

Business Address:\_\_\_\_\_ Relation or Job Title:\_\_\_\_\_

It is understood and agreed upon that any misrepresentation by me in this application will sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me through a criminal background check, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, or organizations for furnishing such information.

Signature of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_

\*This institution is an equal opportunity employer and subscribe to the laws and regulations prohibiting discrimination based on race, religion, color, national origin, sex, disability and age.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION**Tate Topa Tribal School  
Four Winds Elementary**

("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 number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your 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 Validity Screening Solutions, PO Box 860443, Shawnee, KS 66286-0443, 866.915.0792, [www.validityscreening.com](http://www.validityscreening.com), 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.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by \_\_\_\_\_ 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.

**New York applicants or employees only:** Upon request, you will be informed whether or not a consumer report was requested by \_\_\_\_\_ 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.

**Oregon applicants or employees only:** 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 should you suspect or find that the Company has not maintained secured records is available to you upon request.

**Washington State applicants or employees only:** 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.

**ACKNOWLEDGMENT 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 Validity Screening Solutions, PO Box 860443, Shawnee, KS 66286-0443, 866.915.0792, [www.validityscreening.com](http://www.validityscreening.com), 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.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐ (Must include email address: \_\_\_\_\_)

**California applicants or employees only:** 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. [www.validityscreening.com/Site/PrivacyPolicy](http://www.validityscreening.com/Site/PrivacyPolicy) ☐

(Must include email address: \_\_\_\_\_)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BACKGROUND INFORMATION**

Last Name \_\_\_\_\_

First \_\_\_\_\_

Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security # <sup>(1)(2)</sup> \_\_\_\_\_Date of Birth (mm/dd/yyyy) <sup>(1)(2)</sup> \_\_\_\_\_Driver's License # <sup>(2)</sup> \_\_\_\_\_State of Driver's License <sup>(2)</sup> \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone # (Primary) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

<sup>(1)</sup>This information will be used for background screening purposes only and will not be used as hiring criteria. <sup>(2)</sup>In Utah, this information may only be collected a) when extending a conditional offer of employment or b) at the time the background report will be run.





## Spirit Lake Tribal Court

P.O. Box 30  
Fort Totten, ND 58335

### AUTHORIZATION FOR RELEASE OF INFORMATION

**PRIVACY STATEMENT:** Disclosure of the social security number is voluntary and is requested for the purpose of the accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. The department will not condition treatment on your agreement to authorize disclosure of your health information. The department may, however, require that you authorize disclosure of your health information if needed to make a determination about your eligibility for benefits or enrollment in a department health plan.

**INSTRUCTIONS:** Provide information as it existed when the service was provided.

Name of Client: (Last, First, Middle initial)	Social Security Number	Date of Birth
Street Address or P.O. Box	City	State Zip Code

#### CLIENT RELEASE AND SIGNATURE

**1. I Hereby Authorize:**

Name of Person/Agency Spirit Lake Tribal Court			
Street Address or P.O. Box PO Box 30	City Fort Totten	State ND	Zip Code 58335

**2. To Release Information to or Mutually Exchange Information with:**

Name of Person/Agency Tate Topa (FourWinds) Elementary School			
Street Address or P.O. Box PO Box 199	City Fort Totten	State ND	Zip Code 58335

**3. The following Information Is Requested: (Be Specific)**

**4. The Information Identified Above Will Be Used For: (List Each Purpose)**

**5. This Authorization To Disclose Information Remains in Effect Until: (date)**    /    /

**OR: (Specific Event Terminating Operations of the Release)**

#### CLIENT CONSENT:

This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Refer to the Notice of Privacy Practices for further description of revocation rights. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of the authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission.

**Signature of Client:**

**Date:**

**Signature of Parent/Guardian:**

**Date:**

**Signature of Witness (If needed)**

**Date:**

#### NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**NOTICE:** Except for information subject to 42 CFR Part 2, information disclosed to another entity may potentially be redisclosed, in which case it may not be protected by state or federal law.

#### DISTRIBUTION:

☐ To agency/person from whom information is sought

☐ Client

☐ Requesting Agency

☐ Other

Tate Topa Tribal School  
Fringe Benefit Program for Certified Staff

The fringe benefits listed below are in place presently.  
None of these would be reduced but some may be increased.

1. We pay a full single BCIBS Policy including Health, Dental and Vision and a \$20,000.00 term life policy. The deductible for health insurance is \$100.00 and is an excellent policy.
2. The school offers educational grants up to \$1,500.00 per Fiscal Year starting July and ending June of each year.
3. The retirement plan the school is presently 18.00% paid in by the school and no match is required by the teacher. This plan can be rolled into TFFR if you went on to a public school.
4. \$1500 moving expenses based on a reimbursement basis with receipts
5. The school also pays into unemployment, workers compensation and all Federal and State Taxes as applicable.

**2023-2024**  
**TATE TOPA TRIBAL SCHOOL**  
**SALARY SCHEDULE**

A) The minimum salary for teachers employed by the Tribal School on a nine-month basis is as shown below:

<b><u>BA</u></b>	<b><u>BA+8</u></b>	<b><u>BA+16</u></b>	<b><u>BA+24</u></b>	<b><u>BA+32</u></b>	<b><u>MA</u></b>	<b><u>MA+8</u></b>	<b><u>MA+16</u></b>	<b><u>MA+24</u></b>	<b><u>PHD</u></b>
<b>46,500</b>	<b>47,000</b>	<b>47,500</b>	<b>48,000</b>	<b>48,500</b>	<b>49,500</b>	<b>50,000</b>	<b>50,500</b>	<b>51,000</b>	<b>51,500</b>

B) Any teacher hired into the system may, at the discretion of the board, be allowed previous years of teaching experience from another system. For each year of experience granted, a newly hired teacher will receive \$500 a year for each year that they bring into the system. No new hire will be paid more than a returning teacher at the same education lane, with the same number of years of experience.

**RETURNING TEACHERS**

The following amounts will be added to the prior year's salary of each returning teacher:

- 1) Tate Topa Tribal school shall pay the following education lanes:

<b><u>BA</u></b>	<b><u>BA+8</u></b>	<b><u>BA+16</u></b>	<b><u>BA+24</u></b>	<b><u>BA+32</u></b>	<b><u>MA</u></b>	<b><u>MA+8</u></b>	<b><u>MA+16</u></b>	<b><u>MA+24</u></b>	<b><u>PHD</u></b>
<b>500</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>1000</b>	<b>500</b>	<b>500</b>	<b>500</b>	<b>500</b>

- 2) Guaranteed Annual Increase: The Tribal School shall provide each contracted full-time teacher with a \$500 annual increase to the teacher's salary compensation package and each part time contracted teacher will receive the proportional amount (ex. 5/7 contracted teacher will receive 5/7 of \$500).
- 3) Additional Teacher's Salary compensation, if any will be approved by the school board. New contracts will then be issued including that amount. Years of service is based on continuous, full-time contracts. You must be at that year of service in the spring of the year and have completed that step of service to receive the compensation. The step will be shown in next school year's contract. The staff is responsible for notifying the Business Manager in the spring when they have reached a particular year of service.

Teachers with 7 years of service will receive an additional \$1,000.00 for the next school year.

Teachers with 12 years of service will receive an additional \$1,250.00 for the next school year.

Teachers with 15 years of service will receive an additional \$1,750.00 for the next school year.

Teachers with 20 years of service will receive an additional \$2,250.00 for the next school year.

Teachers with 25 years of service will receive an additional \$2,500.00 for the next school year.

Teachers with 30 years of service will receive an additional \$2,750.00 for the next school year.

*No returning teacher shall be paid less than the base salary for a new hire at the same education lane.*

**EDUCATION LANES (For new hires and returning teachers)**

- A) Education lanes are based on graduate semester hours
- B) Approval of accumulated credits for education lane changes is subject to the principal's discretion.
- C) Timeline for receiving approval of Education Lane increase:
- 1) A written statement of intent to apply for an education step increase must be submitted to the superintendent prior to the school year in which an education step increase is requested.
  - 2) All supporting documents must be submitted to the Business Manager prior to school starting and for lane changes and years of service increases.
  - 3) Upon timely receipt, and approval of transcripts by the principal, contracts for teachers who have earned an education step increase will be rewritten accordingly.

All in-service hours are paid out at a rate of \$30.00 an hour with the exemption of the required Culture Class.

Substitute teachers are paid \$150.00 a day.