Sacred Heart Center

PO Box 2000 121 Landmark Ave Eagle Butte SD 57625-2000 Phone: (605)964-6062 Fax: (605)964-6060

E-mail: info@shconline.org



Mission Statement

Our mission is to eradicate violence and oppressive practices through the empowerment of individuals, families and communities in order to support justice, social change and non-violence.

Statement of Purpose

Sacred Heart Center is a private, community-wide, service organization founded by the Congregation of the Priests of the Sacred Heart (SCJs). Sacred Heart Center, Inc., a South Dakota Corporation, is governed by an independent Board of Directors. Although the Center is not a Catholic organization, it follows the tenets of the SCJs and strives to reflect both Mission Statements.

Sacred Heart Center believes in the need for a strong spiritual base in the life of those it serves and accomplishes this through the integration of the Lakota culture and Christian ideals. The Priests of the Sacred Heart continue to support the Sacred Heart Center as one of its outreach missions.

Sacred Heart Center, Inc. was founded in August 1982. Current programs focus on persons experiencing physical, emotional or sexual abuse and family issues. Services include shelter, direct assistance, counseling, advocacy, education and spiritual and cultural awareness.

The Center educates the community and challenges systems to promote justice and non-violence through social change. The Center supports the community as a private, non-profit, independent organization. Sacred Heart Center, Inc. does not discriminate with regard to race, creed, religion, color, gender, sexual orientation, age, national origin or disability through its work or programs.

Sacred Heart Center Employment Application



Rcvd by:	Date:	IntvDate:

Sacred I	Heart Center is an Equa	l Employment (Opportunity Employer.	*/*	6
	Sacred Heart Center is an Equal Employment Opportunity Employer. Date				
PERSONAL					
Name					
Name	First			Middle	
andline		Cell Phone			
Mailing Address					
Street/PO E	Вох	City		State/Zip	
Physical Address		City		0	
	Voc. No. If Vo.	ŕ		State/Zip	
May we contact you at work?	NO II fe	s, work phone: _			
Date available for Work?	Where o	lid you learn of th	is position?		
Do you have a valid driver's/operator'	s license?Yes	No If ye	es, what state?		
Nere you previously employed by Sa	cred Heart Center?	Yes	No If yes, when and where: _		
Have you ever been promoted and/or	received awards or other r	ecognition of me	rit by previous employers?	Yes	No
f yes, describe:					
Are you capable of performing the es					No
Please explain:					

EDUCATION

High School	ol				·
	School	City	State	Last Year Completed	Diploma/GED
College					
• –	School	City	State	Course of Study	Degree
College					
	School	City	State	Course of Study	Degree
					
QUALIF	FICATIONS				
List any dis	stinctive education, training, I	icenses, certifications or experienc	e that qualify you fo	r this job:	
	,				· · · · · ·
List any dis	stinctive skills related to the jo	ob and evidence of how you can de	emonstrate these: _		
List any dis	stinctive abilities or character	istics that you possess that would	make you a suitable	candidate:	
				<u> </u>	

EMPLOYMENT

Present and past employment beginning with the most recent:

1) Name of Employer	City		_State	
Type of Business	Supervisor			
Supervisor's Title	Supervisor's Phone			
Employment Dates From:	To:	Ending Salary:		
Summary of Job Responsibilities:				
Reason for Leaving:	May	we contact this employer?	Yes	No
2) Name of Employer	City		State	.
Type of Business	Supervisor			
·	Supervisor's Phone		<u></u>	
Employment Dates From:		Ending Salary:		
Summary of Job Responsibilities:				
Reason for Leaving:	May	we contact this employer?_	Yes	No
3) Name of Employer	City		State	<u></u>
Type of Business	Supervisor			
Supervisor's Title	Supervisor's Phone	-		
Employment Dates From:	To:	Ending Salary:		
Summary of Job Responsibilities:				
Reason for Leaving:	Ma	y we contact this employer?_	Yes	No

Sacred Heart Center Background Checks



Background Checks

As part of the Sacred Heart Center hiring process, applicants are required to complete background checks employing tribal, state and federal records. Some of these checks are made employing fingerprints and require basic information; i.e., name, birth date, gender and Social Security number. Fingerprint cards are destroyed after background checks are conducted.

Sacred Hear Center employment is contingent upon the successful completion of the following:

- Review of the National Sex Offender Registry;
- · Drug screening;
- Tribal background check;
- State and Federal background checks requiring fingerprints;
- Review of SD DSS Central Registry of Child Abuse and Neglect.

Results of the criminal history do not include juvenile offenses, sealed records or minor traffic violations.

Sacred Heart Center will not employ a person who has been convicted of a crime of violence, a sex offense or trafficking in narcotics. Sacred Heart Center is not prohibited from considering any criminal conviction in making a hiring decision.

Information Release and Attestations

I, the undersigned, attest that the facts set forth in my application for employment are true and complete. I further certify that I, the undersigned applicant, have personally completed this application. I understand that if employed, false statements or omissions on this application shall be considered sufficient cause for dismissal.

You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies of your choice.

In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living.

I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

Employee Printed Name		
Employee Signature	Date	