



**SISSETON-WAHPETON OYATE**  
**COMMUNITY HEALTH EDUCATION PROGRAM**  
EXTERN SUPPLEMENTAL EMPLOYMENT APPLICATION

Have you participated in the student extern program in the past? \_\_\_\_\_

If yes please indicate year(s) participated (ie 2017) \_\_\_\_\_

**CONTACT INFORMATION:**

Students' Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**TRIBAL ENROLLMENT:**

Tribal Affiliation: \_\_\_\_\_ District Registered: \_\_\_\_\_

**ACADEMIC INFORMATION:**

College/University Enrolled: \_\_\_\_\_

Degree seeking (specify degree & program): \_\_\_\_\_

No. of credit hours completed by end of Spring Semester 2018: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Are you returning to school for the Fall 2018 semester as a full-time student?  Yes  No

**EXTERNSHIP:**

Check the position you are applying for (if more than 1—rank from 1-3 with 1 being your first choice)

**Sisseton IHS work sites:** \_\_\_Administration \_\_\_Dental \_\_\_Lab \_\_\_Out -Patient Nursing  
\_\_\_Pharmacy \_\_\_Physical Therapy

**SWO work sites:** \_\_\_Behavioral Health \_\_\_Dakotah Pride Treatment Center \_\_\_Diabetes Pre-  
vention Center \_\_\_Early Childhood Caries Initiative

Date applicant is available: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Do you have any special needs that we must be aware of to ensure a successful externship?  
\_\_\_\_\_

How did you hear about the Extern Program? \_\_\_\_\_





**APPLICATION CHECKLIST:**

- Extern Supplemental Employment Application
- Sisseton-Wahpeton Oyate Application for Employment
- Copy of Transcripts (Unofficial transcripts accepted)
- Copy of Tribal I.D. or Proof of Enrollment

By my signature I certify that, to the best of my knowledge and belief, all my statements are true, correct and complete. If selected, I agree to be alcohol and drug-free while a participant of the program. I understand that any violation of my commitment to be alcohol and drug free will result in my termination from the program.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Applications will be ranked on a point ranking scale. Applicants may be invited to interview, by phone or in person depending on availability. If selected you will be notified by phone or e-mail.**

**I prefer to be notified by:** Email  Phone

If selected do you give us permission to use your name, picture, degree and college information in our public relations materials, i.e press releases, program brochure, etc?  
Your response does not affect your selection for this program.

**Yes**  **No**

**SUBMIT APPLICATION AND ALL REQUIRED MATERIALS BY FRIDAY, MARCH 23, 2018 TO:**

Sisseton-Wahpeton Oyate  
Community Health Education Program  
Attn: Audrey German  
P.O. Box 509  
Agency Village, SD 57262

**HAND DELIVER TO:**

Woodrow Wilson Keeble Memorial Health Care Center  
100 Lake Traverse Drive, Room #E-23  
Sisseton, SD

**➤ INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED ◀**

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