

**Application for Contractual Agreement as Guardian/Conservator Representative  
On Behalf of the Department of Human Services**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
(Street/Box) (City) (State) (Zip)

Telephone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

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

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

Are you under age 18? Yes  No

List cities or towns where you would be able to provide guardianship/conservatorship services:

When could you begin to provide services? Now  Beginning on: \_\_\_\_\_

Are you willing to be available by telephone as needed by the protected person(s) assigned to you?

Yes  No

Have you ever been convicted of, or pled guilty or no contest to, a felony? Yes  No

Have you ever been found civilly or criminally liable for an action of fraud, moral turpitude, misrepresentation, material omission, misappropriation, theft, or conversion? Yes  No

Have you ever been suspended or relieved of responsibilities as a guardian or conservator by a court, employer, or client? Yes  No

**Education and Training**

Do you possess a high school diploma or GED? Yes  No

School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name of Post-Secondary School: \_\_\_\_\_

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

Did you graduate? Yes  No

Type of Degree: \_\_\_\_\_  
Other information: \_\_\_\_\_

Name of Post-Secondary School: \_\_\_\_\_  
Address of School: \_\_\_\_\_  
Did you graduate? Yes  No   
Type of Degree: \_\_\_\_\_  
Other information: \_\_\_\_\_

Other education/training experiences you have pertinent to this position:  
\_\_\_\_\_  
\_\_\_\_\_

**Work History**

\* Attach additional pages if necessary.

Current or most recent position:  
Dates of employment from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer's Phone Number: \_\_\_\_\_  
Description of Duties:  
  
Reason for leaving:

Next previous position:

Dates of employment from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Employer's Phone Number: \_\_\_\_\_

Description of Duties:

Reason for leaving:

Next previous position:

Dates of employment from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Employer's Phone Number: \_\_\_\_\_

Description of Duties:

Reason for leaving:

Next previous position:

Dates of employment from (mo/yr) \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Employer's Phone Number: \_\_\_\_\_

Description of Duties:

Reason for leaving:

Please feel free to attach additional sheets with other information that you feel is pertinent to this position.

Please list names, address and phone numbers of three character references.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- All applicants will be will be subject to a criminal background check prior to establishment of a contract with the Department of Human Services.
- All applicants will be required to attend training offered by the Department of Human Services.

By submitting this application, you are certifying that the information is true, correct, and complete to the best of your knowledge and belief. You are authorizing investigation of all statements you have made.

Misrepresentation, falsification, or omission of facts called for in this application is cause for cancellation of this application or termination of the contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return application to:**

**Department of Human Services  
ATTN: Guardianship/Conservatorship Program  
Hillsview Plaza, E Hwy 34  
c/o 500 E Capitol  
Pierre, SD 57501**