

**Circle of Life Academy**  
**32533 Mission Road, White Earth, MN 56591**  
**APPLICATION FOR EMPLOYMENT**

In compliance with Federal and Tribal equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, marital status, or the presence of non job-related medical conditions or handicap. Indian Preference in employment is considered by the Circle of Life Academy School Board.

POSITION APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
          LAST           FIRST           MIDDLE

ADDRESS: \_\_\_\_\_  
                  STREET           P.O. BOX           CITY           STATE           ZIP CODE

TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU KNOWN BY ANOTHER NAME TO SCHOOLS AND REFERENCES?  YES  NO  
IF YES, BY WHAT NAME? \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED AT THE CIRCLE OF LIFE ACADEMY?  
 YES  NO IF YES, DATES OF EMPLOYMENT AND POSITION HELD \_\_\_\_\_

HOW DID YOU LEARN OF THIS POSITION? \_\_\_\_\_

DO YOU WISH TO WORK:  FULL-TIME  PART-TIME IF PART-TIME: HOURS: FROM \_\_\_\_\_ TO \_\_\_\_\_

IF EMPLOYED, WHEN WILL YOU BE AVAILABLE TO WORK? \_\_\_\_\_

ARE YOU CLAIMING INDIAN PREFERENCE?  YES  NO If yes, submit documentation.

ARE YOU CLAIMING VETERANS PREFERENCE?  YES  NO If yes, submit DD214.

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR INVOLVING CRIMES OF VIOLENCE; SEXUAL ASSAULT, MOLESTATION, EXPLOITATION, CONTACT OR PROSTITUTION; CRIMES AGAINST PERSONS; OR OFFENSES COMMITTED AGAINST CHILDREN?  YES  NO  
IF YES, PLEASE EXPLAIN \_\_\_\_\_

ARE YOU CURRENTLY ON PROBATION OR PAROLE OR RECENTLY RELEASED FROM PRISON?  
 YES  NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

HIGH SCHOOL ADDRESS \_\_\_\_\_

GRADUATED:  YES  NO  GED YEAR: \_\_\_\_\_

COLLEGE OR UNIVERSITY\* / ADDRESS    MAJOR    DEGREE/YR    NO. CREDITS

TRADE SCHOOL\*/OTHER\*/ADDRESS    FIELD    GRADUATED:  YES  NO YEAR: \_\_\_\_\_

**\*To complete application, transcripts must accompany the application form.**

## EMPLOYMENT EXPERIENCE

Please complete the following information for each job that you have held, starting with your present or most recent job. It is very important that you complete all information requested in order for Circle of Life Academy to be able to properly assess your job experience. For administration or contract positions list 10 years previous employment. Attach additional sheets, if necessary. Resume may be attached.

NAME OF EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SALARY: \_\_\_\_\_  
STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
DESCRIBE DUTIES:

NAME OF EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SALARY: \_\_\_\_\_  
STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
DESCRIBE DUTIES:

NAME OF EMPLOYER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SALARY: \_\_\_\_\_  
STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_  
DESCRIBE DUTIES:

### REFERENCES

NAME:	OCCUPATION/TITLE:	ADDRESS:	TELEPHONE:	YRS. KNOW:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**\*Three letters of reference are required to be submitted with this application.**

### AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge and hereby authorize designated Circle of Life Academy staff to conduct follow-up consultation regarding my previous employment and other information as may be necessary in arriving at an employment decision. I authorize a criminal records background check and fingerprinting. I also understand that if employed I will be subject to drug testing. I hereby release the Circle of Life Academy and their designated staff from all liability for other employers' or individuals' responses to inquiries in connection with this application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. **APPLICATION PROCESS: SUBMIT COMPLETED APPLICATION WITH REQUIRED DOCUMENTATION (TRANSCRIPTS, THREE (3) LETTERS OF REFERENCE, DEGREE OF INDIAN BLOOD; if claiming Indian Preference) MAIL TO: Circle of Life Academy, Human Resource Office, 32533 Mission Road, White Earth, MN 56591.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



Circle of Life Academy  
 Information contained in this questionnaire is for official use only.  
 Questionnaire/Application for a Child Care Position

Notice to Applicant: The Indian Child Protection and Family Violence Prevention Act Public Law 101-630 and the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment.

<b>1. Full Name</b>				<b>2. Date of Birth</b>		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
<b>3. Other Names Used</b> - Maiden name, from a former marriage, alias(s), or nickname(s).				<b>4. Your Telephone No.</b>		
				(      )		
<b>5. Place of Birth</b>			<b>6. Social Security Number</b>			
City	County	State				
<b>7. Residence</b> - List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list For administration and contract positions list 10 years residence						
Month/Year	Month/Year	Street Address	City	State	Zip Code	
1) To						
Month/Year	Month/Year	Street Address	City	State	Zip Code	
2) To						
Month/Year	Month/Year	Street Address	City	State	Zip Code	
3) To						
Month/Year	Month/Year	Street Address	City	State	Zip Code	
4) To						
<b>8. Residence on an Indian Reservation</b> - List any Indian Reservations in which you have lived or worked in the last 10 years.						
<b>9. Education</b> - List the schools you have attended, beginning with the most recent and working back 10 years. Use item 18, if more space is needed.						
Month/Year	Month/Year	Name of School	Degree/Diploma/Other		Month/Year Awarded	
To						
Street Address and City of School				State	Zip Code	
<b>10. Employment</b> - List your employment activities, beginning with the present and working back 5 years. The 5 year period must be accounted for without breaks. For administration or contract positions list 10 years. For periods of unemployment, list dates and "unemployed" or "attending school."						
Month/Year	Month/Year	Employer Name	Position Title			
1) To						
Employer Street Address			City	State	Zip Code	
Supervisor's Name	Telephone Number	Other Employer Reference			Telephone Number	
	(      )				(      )	
Reason You Left						

Information contained in this questionnaire is for official use only.

Application Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
Employment Continued -				
Month/Year 2) To	Month/Year	Employer Name	Position Title	
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone Number ( )	Other Employer Reference		Telephone Number ( )
Reason You Left				

Month/Year 3) To	Month/Year	Employer Name	Position Title	
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone Number ( )	Other Employer Reference		Telephone Number ( )
Reason You Left				

Month/Year 4) To	Month/Year	Employer Name	Position Title	
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone Number ( )	Other Employer Reference		Telephone Number ( )
Reason You Left				

Month/Year 5) To	Month/Year	Employer Name	Position Title	
Employer Street Address			City	State Zip Code
Supervisor's Name	Telephone Number ( )	Other Employer Reference		Telephone Number ( )
Reason You Left				

Drivers License Number	State
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Information contained in this questionnaire is for official use only.

Application Continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
<b>11. Personal references</b> - List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Try not to list relatives or anyone who is listed elsewhere else on this application.				
1. Name	Dates Known Month/Year    Month/Year To		Telephone Number Day (    ) Night (    )	
Home or Work Address	City	State	Zip Code	
1. Name	Dates Known Month/Year    Month/Year To		Telephone Number Day (    ) Night (    )	
Home or Work Address	City	State	Zip Code	
1. Name	Dates Known Month/Year    Month/Year To		Telephone Number Day (    ) Night (    )	
Home or Work Address	City	State	Zip Code	

<b>Background Information</b> - For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.		
<p><b>12.</b> In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$15.00).</p> <p>If "YES", use item 20 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	YES	NO
<p><b>13.</b> Have you been convicted by a military court-martial in the past 5 years?</p> <p>If "YES", use item 20 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	YES	NO
<p><b>14.</b> Are you now under charges for any violation of law?</p> <p>If "YES", use item 20 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.</p>	YES	NO
<p><b>15.</b> During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any jobs by mutual agreement because of specific problems?</p> <p>If "YES", use item 20 to provide the date, explanation of the problem, reason for leaving, and the employer's name and address.</p>	YES	NO
<p><b>16.</b> Have you ever been arrested for or charged with a crime involving a child?</p> <p>If "YES", use item 20 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.</p>	YES	NO

Information contained in this questionnaire is for official use only.

Application Continuation					
Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number	
<p><b>17.</b> Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?</p> <p>If "YES", use item 20 to provide the date, explanation of violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.</p>				YES	NO
<p><b>18.</b> In the past 5 years have you <b>illegally</b> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or <b>illegally</b> used prescription drugs?</p> <p>If "YES", use item 20 to provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.</p>				YES	NO
<p><b>19.</b> In the past 5 years have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?</p> <p>If "YES", use item 20 to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.</p>				YES	NO
<p><b>20.</b> Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.</p>					

Certification that my Answers are True		
<p>My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on an part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.</p>		
<p>_____</p> <p>Applicant's Initials</p>		<p>_____</p> <p>Date</p>
<p>I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report, from the reporting, agency made available to the <b>Circle of Life Academy</b> and my rights to challenge the accuracy and completeness of any information contained in the report.</p>		
<p>_____</p> <p>Applicant's Signature</p>		<p>_____</p> <p>Printed Name</p>
		<p>_____</p> <p>Date</p>



## Circle of Life Academy

### Authorization for Release of Information

Information contained in this questionnaire is for official use only.

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Circle of Life Academy, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me from the reporting agency.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by Circle of Life Academy only for the purposes of determining my suitability for employment with the Circle of Life Academy.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Circle of Life Academy, whichever is sooner.

Signature	Printed Name	Date Signed
Other Names Used	Date of Birth	Social Security Number
Current Address	City/State	Zip Code
Contact Number		

**Please Print and sign application then mail to Circle of Life Academy, Human Resource Office, 32533 Mission Road, White Earth, MN 56591 or email to [HR@col.pvt.k12.mn.us](mailto:HR@col.pvt.k12.mn.us).**



**White Earth Compliance Division  
Compliance Adjudication Department  
P.O. Box 395  
Mahnomen, MN 56557  
Phone: (218)935-2148  
Fax: 218-935-5087**

**A Colored Copy of your Drivers' License (front and back) MUST be provided for all Required Positions.**

**\*\* PLEASE PRINT CLEARLY \*\***

The following named individual has an application with this agency for a Criminal Background Check.

First Name of Applicant (please print): \_\_\_\_\_

Middle (full) (please print): \_\_\_\_\_

Last Name of Applicant (please print): \_\_\_\_\_

Maiden, Alias or Former (please print): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex (please circle): **MALE** **FEMALE**

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I authorize the White Earth Compliance Adjudication Department to perform a background check as required by Federal/State or Tribal Ordinance for the purpose of employment.

By submitting this form, I hereby authorize the White Earth Compliance Adjudication Department to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Compliance Adjudication Department from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
**Signature of Applicant** \_\_\_\_\_  
**Date**

**OFFICE USE ONLY:**

DEPARTMENT: \_\_\_\_\_ BILL TO: \_\_\_\_\_

POSITION: \_\_\_\_\_ ACTION: \_\_\_\_\_

REPORTS REQUESTED: STATE MVR Please list the STATE(S) you are requesting to be ran: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ AUTHORIZING SIGNATURE: \_\_\_\_\_

DATE SCANNED TO COMPLIANCE: \_\_\_\_\_ (PLEASE CIRCLE) SAFETY SENSITIVE NON SAFETY



# REFERENCE QUESTIONNAIRE

Circle Life of Academy

The named candidate is applying for a position at the Circle of Life Academy (COLA) and has listed you as a reference. As a part of the application process and BIE requirement, we are required to have the candidate return this form back to us with the application. Please answer the questions below to the best of your knowledge.

Candidate Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

What can you tell me about the candidate's personality? \_\_\_\_\_

\_\_\_\_\_

What can you tell me about the candidate's work ethic? \_\_\_\_\_

\_\_\_\_\_

How reliable is the candidate? \_\_\_\_\_

\_\_\_\_\_

What can you tell me about the candidate's ability to get along with peers & supervisors? \_\_\_\_\_

\_\_\_\_\_

What are the candidate's strengths? \_\_\_\_\_

\_\_\_\_\_

What are the candidate's weaknesses? \_\_\_\_\_

\_\_\_\_\_

What is your relationship with the candidate? \_\_\_\_\_

What else can you tell me about the candidate that would be beneficial to their application process?

\_\_\_\_\_

\_\_\_\_\_

Signature of reference: \_\_\_\_\_

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

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\_\_\_\_\_

What can you tell me about the candidate's work ethic? \_\_\_\_\_

\_\_\_\_\_

How reliable is the candidate? \_\_\_\_\_

\_\_\_\_\_

What can you tell me about the candidate's ability to get along with peers & supervisors? \_\_\_\_\_

\_\_\_\_\_

What are the candidate's strengths? \_\_\_\_\_

\_\_\_\_\_

What are the candidate's weaknesses? \_\_\_\_\_

\_\_\_\_\_

What is your relationship with the candidate? \_\_\_\_\_

What else can you tell me about the candidate that would be beneficial to their application process?

\_\_\_\_\_

\_\_\_\_\_

Signature of reference: \_\_\_\_\_

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

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\_\_\_\_\_

What can you tell me about the candidate's work ethic? \_\_\_\_\_

\_\_\_\_\_

How reliable is the candidate? \_\_\_\_\_

\_\_\_\_\_

What can you tell me about the candidate's ability to get along with peers & supervisors? \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

What are the candidate's weaknesses? \_\_\_\_\_

\_\_\_\_\_

What is your relationship with the candidate? \_\_\_\_\_

What else can you tell me about the candidate that would be beneficial to their application process?

\_\_\_\_\_

\_\_\_\_\_

Signature of reference: \_\_\_\_\_

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



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number ____-____-____		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

**STOP**    *Employer Completes Next Page*    **STOP**