APPLICATION FOR EMPLOYMENT
BLACKFEET TRIBE

PART 1 GENERAL INFORMATION

NAME (LAST, FIRST, MIDDLE, MAIDEN)	ADDRESS (BOX, CITY, STATE, ZIP)
HOME PHONE # / WORK PHONE #	
SOCIAL SECURITY NO.	DATE OF BIRTH

POSITION (JOB) FOR WHICH YOU ARE APPLYING

HAVE YOU EVER WORKED FOR THE BLACKFEET TRIBE BEFORE? ____ YES ____ NO
IF YES, IDENTIFY PROGRAM, POSITION, AND DATE OF EMPLOYMENT.

PART 2 AVAILABILITY

WHEN ARE YOU AVAILABLE TO WORK? (MONTH, DAY, YEAR)	WHAT IS THE LOWEST PAY YOU WILL ACCEPT? PAY $_____ PER_____

PART 3 EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE OR HAVE YOU COMPLETED YOUR G.E.D.
(HIGH SCHOOL EQUIVALENCY)? YES_____ NO_____
IF NOT, WHAT IS THE HIGHEST GRADE YOU COMPLETED?

HAVE YOU EVER ATTENDED COLLEGE OR GRADUATE SCHOOL? YES_____ NO_____
IF YES, CONTINUE WITH FORM BELOW (ATTACH ALL DOCUMENTATION) *SEE NOTE

COLLEGE/UNIVERSITY	MONTH/YEAR ATTENDED FROM	TO	CREDIT HOURS COMPLETED	MAJOR COURSE OF STUDY	TYPE OF DEGREE	MONTH/YEAR OF DEGREE

EDUCATION (CONT'D)

IF YOU HAVE COMPLETED ANY OTHER COURSES OR TRAINING RELATING TO THE KIND OF JOB YOU ARE APPLYING FOR. GIVE INFORMATION BELOW. (ATTACH ALL DOCUMENTATION)

TRAINING ATTENDED NAME & LOCATION	MONTH/YEAR ATTENDED FROM	TO	CLASSROOM HOURS	SUBJECTS	TRAINING COMPLETED YES	NO
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

NOTE: CREDIT WILL NOT BE GIVEN FOR HIGHER EDUCATION AND/OR OTHER SPECIALIZED TRAINING UNLESS DOCUMENTATION IS PROVIDED IN THE FORM OF A TRANSCRIPT, DIPLOMA, OR CERTIFICATE OF COMPLETION.

PART 4 SPECIAL QUALIFICATIONS & SKILLS

TYPING ABILITY
YES ☐ NO ☐ WPM_____

SHORTHAND OR SPEED WRITING
YES ☐ NO ☐ WPM_____

SUMMARIZE SPECIAL SKILLS. QUALIFICATIONS, ACCOMPLISHMENTS, AND AWARDS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES THAT MAY QUALIFY YOU FOR THIS POSITION.

_____
_____
_____

LIST JOB-RELATED LICENSES OR CERTIFICATES THAT YOU HAVE, SUCH AS: REGISTERED NURSE; LAWYER; RADIO OPERATOR; DRIVERS; PILOTS; ETC.

	LICENSE OR CERTIFICATE	EXPIRATION DATE	ISSUING AGENCY
1.			
2.			
3.			

PART 5 REFERENCES

ARE YOU A VETERAN OF THE U.S. ARMED FORCES? YES ☐ NO ☐
BRANCH OF SERVICE_____ FROM___/___/___ TO___/___/___
HONORABLY DISCHARGED YES ☐ NO ☐

ARE YOU AN ENROLLED MEMBER OF THE BLACKFEET TRIBE? YES ☐ NO ☐
ENROLLMENT NO._____
ARE YOU MARRIED TO AN ENROLLED MEMBER OF THE BLACKFEET TRIBE? YES ☐ NO ☐
SPOUSE'S ENROLLMENT NO._____
ARE YOU AN ENROLLED MEMBER OF ANY OTHER TRIBE? YES ☐ NO ☐
IF YES WHAT TRIBE?_____

PART 6 WORK EXPERIENCE

DESCRIBE EACH JOB YOU HELD DURING THE LAST TEN (10) YEARS, BEGINNING WITH YOUR CURRENT OR MOST RECENT. INCLUDE ANY VOLUNTEER WORK AND MILITARY SERVICE. IF YOU NEED MORE SPACE USE EXTRA PAPER. EXPLAIN ANY GAPS IN EMPLOYMENT IN THE COMMENTS SECTION.

NAME AND ADDRESS OF EMPLOYER

_____
_____
_____
_____

DATES EMPLOYED (MONTH, DAY, YEAR)
FROM:_____ TO:_____
NO. OF EMPLOYEES SUPERVISED _____
AVG. NO. OF HOURS PER WEEK _____
SALARY/EARNINGS $_____PER_____

NAME OF IMMEDIATE SUPERVISOR:_____PHONE #_____
TYPE OF BUSINESS OR ORGANIZATION:_____
TITLE OF POSITION:_____
_____
REASON FOR LEAVING:_____
_____
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER

DESCRIPTION OF DUTIES, RESPONSIBILITIES AND ACCOMPLISHMENTS:

_____
_____
_____
_____
_____
_____

NAME AND ADDRESS OF EMPLOYER

_____
_____
_____
_____

DATES EMPLOYED (MONTH, DAY, YEAR)
FROM:_____ TO:_____
NO. OF EMPLOYEES SUPERVISED _____
AVG. NO. OF HOURS PER WEEK _____
SALARY/EARNINGS $_____PER_____

NAME OF IMMEDIATE SUPERVISOR:_____PHONE #_____
TYPE OF BUSINESS OR ORGANIZATION:_____
TITLE OF POSITION:_____
_____
REASON FOR LEAVING:_____
_____
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER

DESCRIPTION OF DUTIES, RESPONSIBILITIES AND ACCOMPLISHMENTS:

_____
_____
_____
_____
_____
_____

COMMENTS:_____
_____
_____
_____

EMPLOYMENT (CONT'D)

NAME AND ADDRESS OF EMPLOYER
_____
_____
_____
_____

DATES EMPLOYED (MONTH, DAY, YEAR)
FROM:_____ TO:_____
NO. OF EMPLOYEES SUPERVISED _____
AVG. NO. OF HOURS PER WEEK _____
SALARY/EARNINGS $_____PER_____

NAME OF IMMEDIATE SUPERVISOR:_____PHONE #_____
TYPE OF BUSINESS OR ORGANIZATION:_____
TITLE OF POSITION:_____
_____
REASON FOR LEAVING:_____
_____
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER

DESCRIPTION OF DUTIES, RESPONSIBILITIES AND ACCOMPLISHMENTS:
_____
_____
_____
_____
_____
_____

NAME AND ADDRESS OF EMPLOYER
_____
_____
_____
_____

DATES EMPLOYED (MONTH, DAY, YEAR)
FROM:_____ TO:_____
NO. OF EMPLOYEES SUPERVISED _____
AVG. NO. OF HOURS PER WEEK _____
SALARY/EARNINGS $_____PER_____

NAME OF IMMEDIATE SUPERVISOR:_____PHONE #_____
TYPE OF BUSINESS OR ORGANIZATION:_____
TITLE OF POSITION:_____
_____
REASON FOR LEAVING:_____
_____
MAY WE CONTACT FOR REFERENCE? ☐ YES ☐ NO ☐ LATER

DESCRIPTION OF DUTIES, RESPONSIBILITIES AND ACCOMPLISHMENTS:
_____
_____
_____
_____
_____
_____

COMMENTS:_____
_____
_____
_____
_____
_____
_____

PART 7 REFERENCES

LIST NAME AND TELEPHONE NUMBER OF THREE PEOPLE WHO ARE NOT RELATED TO YOU ARE NOT PREVIOUS SUPERVISORS. AT LEAST ONE SHOULD KNOW YOU WELL ON A PERSONAL BASIS.

NAME	TELEPHONE	YEARS KNOWN

PART 8 BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO
IF YES, PLEASE
EXPLAIN_____

IF YES, HAVE YOU RECEIVED A PARDON OR A RESTORATION OF CIVIL RIGHTS? (IF YES, PLEASE PROVIDE DOCUMENTATION) ☐ YES ☐ NO

DO ANY OF YOUR RELATIVES CURRENTLY WORK FOR THE BLACKFEET TRIBE? ☐ YES ☐ NO
IF YES, PROVIDE DETAILS BELOW. IF YOU NEED MORE SPACE, USE A SHEET OF PAPER. "RELATIVE" IS DEFINED AS: SPOUSE, FATHER, MOTHER, CHILDREN, SISTER, BROTHER, AUNT, UNCLE, NIECE, NEPHEW, AND GRANDPARENT. INCLUDING IN-LAWS OF THE SAME RELATIONSHIP, REGARDLESS OF RESIDENCE AND ANY OTHER FAMILY MEMBER WHO RESIDES IN THE SAME HOUSEHOLD (PERSONNEL POLICIES AND PROCEDURES 14-1-3 AND 14-2-1).

NAME	RELATIONSHIP	PROGRAM

PART 9 SIGNTURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

It is understood and agreed upon that any misrepresentation by me in this application will be 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, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

All Applicants tentatively selected for this position will be required to submit to a urinalysis and/or hair analysis testing to screen for illegal drug use prior to appointment.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

SIGNATURE	DATE