# APPLICATION FOR EMPLOYMENT BLACKFEET TRIBE

PART 1 GENERAL INFORMATION							
NAME ( <i>LAST, FIRST, MIDDLE, MAIDEN</i> )	ADDRESS ( <i>BOX, CITY, STATE, ZIP</i> )						
SOCIAL SECURITY:          MALE:          MALE:          DISABLED:       YES         NO          HOME PHONE:							
POSITION (JOB) FOR WHICH YOU ARE APPLYING: HAVE YOU EVER WORKED FOR THE BLACKFEET TR (IF YES, IDENTIFY PROGRAM, POSITION, AND DATE OF EMPLOYN							
PART 2 AVAILA	BILITY						
WHEN ARE YOU AVAILABLE TO WORK? WHAT IS THE LOWEST PAY YOU WILL ACCEPT? PAY \$ PER Hour (MONTH/DAY/YEAR)							
PART 3 EDUCA	TION						
ARE YOU A HIGH SCHOOL GRADUATE OR HAVE YOU (HIGH SCHOOL EQUIVALENCY)? YES NO <i>IF NOT, WHAT IS THE HIGHEST GRADE YOU COMPLE</i>	 ETED?						
HAVE YOU EVER ATTENDED COLLEGE OR GRADUATE SCHOOL? YES NO         F YES, CONTINUE WITH FORM BELOW (ATTACH ALL DOCUMENTATION) *SEE NOTE         COLLEGE/UNIVERSITY       MM/YY ATTENDED       CREDIT HRS       MAJOR COURSE       TYPE OF       MM/YY         FROM:       TO:       COMPLETED       OF STUDY       DEGREE       OF         DEGREE       Image: Completed       Image: Completed<							

#### **EDUCATION (CONT'D)**

PART 5

IF YOU HAVE COMPLETED ANY O	THER COURS	SES C	OR TRAINING	RELATING TO THE KIND OF	F JOB YOU ARE	
APPLYING FOR GIVE INFORMATIC	N BELOW: (	ά <i>ΤΤΑ</i>	CH ALL DOCU	JMENTATION)		
TRAINING ATTENDED	MM/YY ATTEI	NDED	CLASSROOM		TRAINING COMPLETED	
NAME & LOCATION	FROM: T	0:	HOURS		YES OR 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 QU	ALIFICATIONS & SKILL	S	
TYPING ABILITY:			SHORTHAND O	R SPEED	WRITING:
YES	NO	WPM	YES	NO	WPM
			,		ARDS ACQUIRED FROM
EMPLOYMENT OR	OTHER EXI	PERIENCES THAT	MAY QUALIFY YOU FO	R THIS PO	SITION:

LIST JOB RELATED LICENSES OR CERTIFICATES THAT YOU HAVE, ie, REGISTERED NURSE, LAWYER, RADIO OPERATOR, DRIVER, PILOT, etc:

LICENSE OR CERTIFICATE	EXPIRATION DATE	ISSUING AGENCY
1		
2		
3		

### REFERENCES

ARE YOU A VETERAN OF THE U.S. ARMED FORCES?	YES NO	
BRANCH OF SERVICE	FROM/ TO/	
HONORBLY DISCHARGED YES NO _		
	ES NO	
Are you married to an enrolled member of the Blackfeet Tr	ibe? YES NO	
Are you a descendant of the Blackfeet Tribe? YES	NO	
Are you an enrolled member of a different Tribe? YES	NO Tribe Name:	
Enrollment #: S	bouse Enrollment #:	

## 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 / /
	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	

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?	YESNO LATER				
DESCRIPTION OF DUTIES, RESPONSIBILITIES	SAND ACCOMPLISHMENTS:				

COMMENTS:

# EMPLOYMENT (CONT'D)

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED (MONTH, DAY, YEAR) FROM / / TO / /
	NO. OF EMPLOYEES SUPERVISED
	SALARY/EARNINGS \$ PER
NAME OF IMMEDIATE SUPERVISOR:	PHONE#:
TYPE OF BUSINESS OR ORGANIZATION:	
TITLE OF POSITION:	
REASON FOR LEAVING:	
MAY WE CONTACT FOR REFERENCE?	YESNOLATER
DESCRIPTION OF DUTIES, RESPONSIBILITIES	S AND ACCOMPLISHMENTS:

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED (MONTH, DAY, YEAR) FROM / / TO / /
	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, RESPONSIBILITIE	S AND ACCOMPLISHMENTS:

COMMENTS:

PART 7

### REFERENCES

NAME	TELEPHONE	YEARS KNOWN
PART 8	BACKGROUND INFORMATION	
HAVE YOU EVER BEEN CONVICTED (	OF A FELONY? YES	NO (If yes please explain)
(IF YES, PLEASE PROVIDE DOCUMENTATION.)	YES NO	RIGHTS?
(IF YES, PLEASE PROVIDE DOCUMENTATION.) DO ANY OF YOUR RELATIVES CURRE	YES NO	RIGHTS?
(IF YES, PLEASE PROVIDE DOCUMENTATION.) DO ANY OF YOUR RELATIVES CURRE IF YES, PROVIDE DETAILS BELOW. IF YOU NE	YES NO NTLY WORK FOR THE BLACKFEE ED MORE SPACE, USE A SHEET OF PAPER	RIGHTS?
(IF YES, PLEASE PROVIDE DOCUMENTATION.) DO ANY OF YOUR RELATIVES CURRE IF YES, PROVIDE DETAILS BELOW. IF YOU NE FATHER, MOTHER, CHILDREN, SISTER, BROTH	YES NO ENTLY WORK FOR THE BLACKFEE ED MORE SPACE, USE A SHEET OF PAPER HER, AUNT, UNCLE, NIECE, NEPHEW, AND	RIGHTS? TTRIBE? YES NO R. "RELATIVES" IS DEFINED AS: SPOUSE, GRANDPARENT. INCLUDING IN-LAWS OF
(IF YES, PLEASE PROVIDE DOCUMENTATION.) DO ANY OF YOUR RELATIVES CURRE IF YES, PROVIDE DETAILS BELOW. IF YOU NE FATHER, MOTHER, CHILDREN, SISTER, BROTH THE SAME RELATIONSHIP, REGARDLESS OF F	YES NO NTLY WORK FOR THE BLACKFEE ED MORE SPACE, USE A SHEET OF PAPER HER, AUNT, UNCLE, NIECE, NEPHEW, AND RESIDENCE AND ANY OTHER FAMILY MEM	RIGHTS? TTRIBE? YES NO R. "RELATIVES" IS DEFINED AS: SPOUSE, GRANDPARENT. INCLUDING IN-LAWS OF
(IF YES, PLEASE PROVIDE DOCUMENTATION.) DO ANY OF YOUR RELATIVES CURRE IF YES, PROVIDE DETAILS BELOW. IF YOU NE FATHER, MOTHER, CHILDREN, SISTER, BROTH THE SAME RELATIONSHIP, REGARDLESS OF F HOUSEHOLD (PERSONNEL POLICIES AND PRO	YES NO ENTLY WORK FOR THE BLACKFEE ED MORE SPACE, USE A SHEET OF PAPER HER, AUNT, UNCLE, NIECE, NEPHEW, AND RESIDENCE AND ANY OTHER FAMILY MEN DCEDURES 14-1-3 AND 14-2-1).	RIGHTS?
(IF YES, PLEASE PROVIDE DOCUMENTATION.) DO ANY OF YOUR RELATIVES CURRE IF YES, PROVIDE DETAILS BELOW. IF YOU NE FATHER, MOTHER, CHILDREN, SISTER, BROTH THE SAME RELATIONSHIP, REGARDLESS OF F	YES NO NTLY WORK FOR THE BLACKFEE ED MORE SPACE, USE A SHEET OF PAPER HER, AUNT, UNCLE, NIECE, NEPHEW, AND RESIDENCE AND ANY OTHER FAMILY MEM	RIGHTS? TTRIBE? YES NO R. "RELATIVES" IS DEFINED AS: SPOUSE, GRANDPARENT. INCLUDING IN-LAWS OF
(IF YES, PLEASE PROVIDE DOCUMENTATION.) DO ANY OF YOUR RELATIVES CURRE IF YES, PROVIDE DETAILS BELOW. IF YOU NE FATHER, MOTHER, CHILDREN, SISTER, BROTH THE SAME RELATIONSHIP, REGARDLESS OF F HOUSEHOLD (PERSONNEL POLICIES AND PRO	YES NO ENTLY WORK FOR THE BLACKFEE ED MORE SPACE, USE A SHEET OF PAPER HER, AUNT, UNCLE, NIECE, NEPHEW, AND RESIDENCE AND ANY OTHER FAMILY MEN DCEDURES 14-1-3 AND 14-2-1).	RIGHTS?
IF YES, HAVE YOU RECEIVED A PARE (IF YES, PLEASE PROVIDE DOCUMENTATION.) DO ANY OF YOUR RELATIVES CURRE IF YES, PROVIDE DETAILS BELOW. IF YOU NE FATHER, MOTHER, CHILDREN, SISTER, BROTH THE SAME RELATIONSHIP, REGARDLESS OF F HOUSEHOLD (PERSONNEL POLICIES AND PRO NAME	YES NO ENTLY WORK FOR THE BLACKFEE ED MORE SPACE, USE A SHEET OF PAPER HER, AUNT, UNCLE, NIECE, NEPHEW, AND RESIDENCE AND ANY OTHER FAMILY MEN DCEDURES 14-1-3 AND 14-2-1).	RIGHTS?

#### 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

# **BLACKFEET PERSONNEL**

P.O. Box 1790 BROWNING. MONTANA 59417 (406) 338-7307 FAX (406) 338-7313

NAME:					
(FIRST)	1	(MIDDLE)	(MAIDEN)		(LAST)
ALIAS/ OTHER NAMES U	JSED:				
DATE OF BIRTH:					
	(MONTH)	)	(DAY)	(YEA)	<u>R)</u>
PHONE NUMBER: (	)	MES	SAGE \ CELL: (	)	
SOCIAL SECURITY NUM	BER:				
LAST PLACE OF EMPLO	YMENT:				
SUPERVISOR'S NAME / P	HONE:				
record check to the Blac obtained from the backg application for employm	release any re kfeet Personno ground checks aent/ subseque	cords they have a el Department B will be used by t nt annual applic	regarding my back rowning, Montana the Blackfeet Perso ation update for en	sground inc a. I underst onnel Depar mployment	cluding a criminal history and that any information
EMPLOYEE'S SIGNATUR	E:			DATE	
PARENTS SIGNATURE: (	lf above individu	al is under 18 yrs.	of age)	DATE	 !:

DATE CERTTFTED FOR H RE/ REHIRE?	YES	NO
BY:		

DATE BACKGROUND CHECK WAS COMPLETED:

COMMENTS: