

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	MM/YY ATTENDED	CLASSROOM	SUBJECTS	TRAINING COMPLETED
NAME & LOCATION	FROM: TO:	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 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, i.e., REGISTERED NURSE, LAWYER, RADIO OPERATOR, DRIVER, PILOT, etc.:

LICENSE OR CERTIFICATE	EXPIRATION DATE	ISSUING AGENCY
1		
2		
3		

PART 5 PREFERENCES

Are you a veteran of the US Armed Forces? Yes ___ No ___
 Branch of Service: _____ From: _____ to _____
 Honorably discharged? Yes ___ No ___
 Service connected disability? Yes ___ No ___ Percentage _____

Are you an enrolled member of the Blackfeet Tribe? Yes ___ No ___
 Are you married to an enrolled member of the Blackfeet Tribe? 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 #: _____ Spouse Enrollment #: _____

If applying for a position at Head Start or Early Head Start
 Have you volunteered at the Blackfeet Early Childhood Center? Yes ___ No ___
 Where: _____ Dates: _____

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:

WORK EXPERIENCE (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:

**Blackfeet Personnel Department
Background Check Authorization**

P. O. BOX 1790 Browning, MT 59417
(406) 338-7307 ♦ FAX (406) 338-7313

PROGRAM/DEPARTMENT _____ POSITION _____

NAME: _____
(FIRST) (MIDDLE) (MAIDEN) (LAST)

ALIAS/ OTHER NAMES USED: _____

DATE OF BIRTH: _____
(MONTH) (DAY) (YEAR)

PHONE NUMBER () _____ - _____ Message/Cell () _____ - _____

SOCIAL SECURITY NUMBER: _____

LAST PLACE OF EMPLOYMENT: _____

SUPERVISOR'S NAME/ PHONE: _____

As part of the initial and subsequent application process, I hereby authorize any Tribal/ State/Federal Law Enforcement Agency to release any records they have regarding my background including a criminal history record check to the Blackfeet Personnel Department Browning, Montana. I understand that any information obtained from the background checks will be used by the Blackfeet Personnel Department to evaluate my application for employment/ subsequent annual application update for employment. I understand that I may be terminated from my position if the results of the investigation are contrary to the policies of the Blackfeet Tribe.

EMPLOYEE'S SIGNATURE **DATE**

PARENTS SIGNATURE (If above individual is under 18 yrs. of age) **DATE**

CERTIFIED FOR HIRE/ REHIRE? _____ YES _____ NO

BY: _____

DATE BACKGROUND CHECK WAS COMPLETED: _____

COMMENTS: _____