

IMPORTANT INFORMATION

FOR APPLICANTS FOR COMMITTEES/BOARDS/COMMISSIONS

When applying for committees/boards/commissions, the following information must be submitted with your application:

- 1. Completed Blackfeet Tribal Committee/Board/Commission application. (MAKE SURE YOU SIGN AND DATE)
- 2. Resume that lists all work experience.
- **3.** Completed Authorization for Background Investigation sheet.

Failure to provide the above documents, or if the documents are incomplete your application will be marked "<u>INCOMPLETE</u>" and you will not be considered for the position.

All qualified applicants will be notified by mail following formal Blackfeet Tribal Business Council action of appointment.

Corr	nmission/Committee/Board	4
Con	Application	•
Name:	Date:	
Mailing Address:		
Physical Address:		
City:	State: Zip:	·
Telephone: Home:	Work:	Cell:
Enrolled Blackfeet? Yes	No If yes, Enrollmen	it #
Name of Committee Apply	ving for:	
Which district:		
Relevant knowledge, educ	ation, experience:	
Experience:		
Education:		
Special Qualifications:		
Have you ever been conv	victed of a felony? Yes	No if yes,
-		
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List (3) references:

Name	Telephone	# Years Known
1.		
2.		
3.		

Signature, Certification and release of Information YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING BEFORE SIGNING.

It is understood and agreed upon that misrepresentation by me in the application will be sufficient cause for cancellation/disqualification of application being considered.

I authorize the Blackfeet Tribe to investigate all references and to secure additional information required to verify and confirm related personal and credit account reference. I hereby release the Blackfeet Tribe and its representative for seeking such information and all other persons, programs, department, corporations or organization for furnishing such information.

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

Cignati	
Signatu	11 C.

Date:

Answer the following questions on a separate page and attach. *Failure to answer all the questions will be considered an incomplete application and will not be considered.*

- 1) Why are you applying?
- 2) What contributions/expertise do you feel you can bring to the Committee/Board/ Commission you are applying for?
- *3)* Do you have experience and/or qualifications that apply to the purpose of the Committee/ Board/Commission for which you are applying? List experience and/or qualifications.
- 4) What do you hope to gain from the Committee/Board/Commission should you become a member?
- 5) Blackfeet Tribal policy governing "nepotism" does not permit placement of immediate family members on Committees/Boards/Commissions that are associated with a program where the Tribal employee is an "immediate family" member (Immediate family is defined as follows: Spouse, Father, Mother, Daughter, Son, Sister, Brother, Aunt, Uncle, Niece, Nephew and Grandparents, regardless of residence; and any other family member who resides in the same household). In applying for the Committee/Board/Commission, does this policy apply to you?
- 6) Regular meetings are normally scheduled each month, but at any given time, with a 48 hour notice, a special meeting may be called. Are you willing to commit to this amount of time and attend?
- 7) Do you understand the issue of honorariums for the Committee/Board/Commission for which you are applying is not a mandatory requirement? They are limited to Council approval and/or budget allowances?
- 8) Do you have any outstanding and/or unpaid debt owed to the Blackfeet Tribe, its departments and/or programs? If yes, please explain the circumstances of your debt.
- *9)* Are you currently an employee of the Blackfeet Tribe? If so, do you work in a department/ program associated with Committee/Board/Commission for which you are applying?
- 10) Have you served on other Committees/Boards/Commissions or have you previously served on the Committee/Board/Commission for which you are applying? Do you currently serve on a Committee/Board/Commission? If yes to one or more of these questions please explain.

	(406) 338-73	07 ◊ FAX (406) 338-7313	
PROGRAM/DEPARTM	ENT	POSITION	
NAME:			
(FIRST)	(MIDDLE)	(MAIDEN)	(LAST)
ALIAS/ OTHER NAME	S USED:		
DATE OF BIRTH:			
	(MONTH)		(YEAR)
PHONE NUMBER ()	Message/Cell ()
SOCIAL SECURITY NU	MBER:		
LAST PLACE OF EMPL	OYMENT:		
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