APPLICATION FOR EMPLOYMENT
BLACKFEET TRIBE

Note: A separate application is required for each position for which you are applying

PART 1 GENERAL INFORMATION

NAME (*LAST, FIRST, MIDDLE, MAIDEN*)	ADDRESS (*BOX, CITY, STATE, ZIP*)
HOME PHONE:	EMAIL ADDRESS:
CELL PHONE:	WORK PHONE:
POSITION FOR WHICH YOU ARE APPLYING:	
HAVE YOU EVER WORKED FOR THE BLACKFEET TRIBE? ◯ YES ◯ NO *(IF YES, IDENTIFY PROGRAM, POSITION, AND DATE OF EMPLOYMENT.)*	

PART 2 AVAILABILITY

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

PART 3 EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE OR HAVE YOU COMPLETED YOUR GED (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	MM/YY ATTENDED		CREDIT HRS	MAJOR COURSE	TYPE OF	MM/YY
	FROM:	TO:	COMPLETED	OF STUDY	DEGREE	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	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:

PART 7 REFERENCES

LIST NAME AND TELEPHONE NUMBER OF THREE PEOPLE WHO ARE NOT RELATED TO YOU AND 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, attach an additional page. "Relative" is defined as any person related to the employee by blood, marriage or adoption in the following degrees: husband, wife, father, mother, child, sister, brother, grandparent, grandchild, mother-in-law, father-in-law, sister-in- law, brother-in-law, son-in-law, daughter-in-law, niece, nephew, aunt, uncle, first cousin or other legal dependent, regardless of residence, and any other family member who resides in the same household. (Personnel Policies and Procedures, 13-2-1)

NAME	RELATIONSHIP	PROGRAM

PART 9 SIGNATURE, 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

Why are you the best candidate for this position?

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**

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CERTIFIED FOR HIRE/ REHIRE? _____ YES _____ NO

BY: _____

DATE BACKGROUND CHECK WAS COMPLETED: _____

COMMENTS: _____

_____