## APPLICATION FOR EMPLOYMENT BLACKFEET TRIBE

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

PART 1 GENE	ERAL 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 BLACKFEE	
(IF YES, IDENTIFY PROGRAM, POSITION, AND DATE OF EMI	WPLOYMENT.)
PART 2 A\	VAILABILITY
WHEN ARE YOU AVAILABLE TO WORK?	WHAT IS THE LOWEST PAY YOU WILL ACCEPT?
(MONTH/DAY/YEAR)	PAY\$ PER
PART 3 EL	EDUCATION
ARE YOU A HIGH SCHOOL GRADUATE OR HAVI (HIGH SCHOOL EQUIVALENCY)? YES N	
IF NOT, WHAT IS THE HIGHEST GRADE YOU CO	
HAVE YOU EVER ATTENDED COLLEGE OR GRA	ADUATE SCHOOL? YES NO
IF YES, CONTINUE WITH FORM BELOW (ATTACH ALL DOCU	
COLLEGE/UNIVERSITY MM/YY	Y ATTENDED CREDIT HRS MAJOR COURSE TYPE OF MM/YY
FROM:	OF
I NOW.	1. 10. COMPLETED OF STORY DEGICE DEGICE

## EDUCATION (CONT'D)

Where:

TRAINING ATTEND	FD	MM/VV AT	TENDED	CLASSROOM	SUBJECTS		TRAINING COMPLETED
NAME & LOCATION		FROM:		HOURS	COBOLOTO		YES OR NO
.,	-			ino on to			120 OK NO
NOTE: CREDIT UNLESS DOCUME COMPLETION.			_				ED TRAINING ERTIFICATE OF
PART 4		SPECIAL	QUALIF	FICATIONS &	SKILLS		
TYPING ABILITY:				SHORTHA	ND OR SPEE	D WRITING:	
_	NO	WPM			NO NO		
			<u> </u>				·
SUMMARIZE SPEC	AL SKILLS O	HALIFICATION	ONS AC	COMPLISHME	ENTS AND A	WARDS ACC	ILIRED EROM
EMPLOYMENT OR	OTHER EXPE	RIENCES TE			IL FOR THIS	POSITION:	
EMPLOYMENT OR	OTHER EXPE	RIENCES TH			U FOR THIS	POSITION:	
EMPLOYMENT OR	OTHER EXPE	RIENCES TH			OU FOR THIS	POSITION:	
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EMPLOYMENT OR	OTHER EXPE	RIENCES TH			OU FOR THIS	POSITION:	
			HAT MAY	Y QUALIFY YO			
LIST JOB RELATED	LICENSES O	PR CERTIFIC	HAT MAY	Y QUALIFY YO			SE, LAWYER,
LIST JOB RELATED	LICENSES O , DRIVER, PIL	PR CERTIFIC	ATES TH	Y QUALIFY YO	E, i.e., REGIS	TERED NUR	
LIST JOB RELATED RADIO OPERATOR LICENSE OR	LICENSES O	PR CERTIFIC	ATES TH	Y QUALIFY YO	E, i.e., REGIS	TERED NUR	SE, LAWYER,
LIST JOB RELATED RADIO OPERATOR LICENSE OR	LICENSES O , DRIVER, PIL	PR CERTIFIC	ATES TH	Y QUALIFY YO	E, i.e., REGIS	TERED NUR	
LIST JOB RELATED RADIO OPERATOR LICENSE OR 1	LICENSES O , DRIVER, PIL	PR CERTIFIC	ATES TH	Y QUALIFY YO	E, i.e., REGIS	TERED NUR	
LIST JOB RELATED RADIO OPERATOR LICENSE OR 1	LICENSES O , DRIVER, PIL	PR CERTIFIC	ATES TH	Y QUALIFY YO	E, i.e., REGIS	TERED NUR	
LIST JOB RELATED RADIO OPERATOR LICENSE OR 1 2	LICENSES O , DRIVER, PIL	PR CERTIFIC	ATES TH	Y QUALIFY YO	E, i.e., REGIS	TERED NUR	
1 2 3 PART 5	LICENSES O , DRIVER, PIL CERTIFICATI	PR CERTIFIC, OT, etc.:	ATES THE	HAT YOU HAV	E, i.e., REGIS	TERED NUR	
LIST JOB RELATED RADIO OPERATOR LICENSE OR 1 2 3 PART 5  Are you a veteran of	LICENSES O, DRIVER, PIL	PR CERTIFICA OT, etc.: E	ATES THEXE	PIRATION DATE	E, i.e., REGIS	STERED NUR	NG AGENCY
LIST JOB RELATED RADIO OPERATOR LICENSE OR 1 2	LICENSES O, DRIVER, PIL	PR CERTIFICA OT, etc.: E	ATES THEXE	PIRATION DATE	E, i.e., REGIS	STERED NUR	NG AGENCY
LIST JOB RELATED RADIO OPERATOR LICENSE OR 1 2 3 PART 5  Are you a veteran of	LICENSES O , DRIVER, PIL CERTIFICATI	PR CERTIFIC, OT, etc.:  E  I Forces? Yes	ATES THE EXE	PIRATION DATE	E, i.e., REGIS	STERED NUR	NG AGENCY
LIST JOB RELATED RADIO OPERATOR LICENSE OR 1 2 3 PART 5 Are you a veteran of Branch of Service: Honorably discharge	LICENSES O, DRIVER, PIL CERTIFICATI the US Armed	PR CERTIFICA OT, etc.: E	ATES THEXE	PIRATION DATE	E, i.e., REGIS	ISSUI	NG AGENCY
LIST JOB RELATED RADIO OPERATOR LICENSE OR 1 2 3 PART 5 Are you a veteran of Branch of Service: _ Honorably discharge	LICENSES O, DRIVER, PIL CERTIFICATI the US Armed	PR CERTIFICA OT, etc.: E	ATES THEXE	PIRATION DATE	E, i.e., REGIS	ISSUI	NG AGENCY
LIST JOB RELATED RADIO OPERATOR LICENSE OR  LICENSE OR  PART 5  Are you a veteran of Branch of Service: Honorably discharge Service connected described	the US Armed	PR CERTIFIC. OT, etc.:  E  I Forces? Yes  _ No No	ATES THE EXP	PIRATION DATE	E, i.e., REGIS	ISSUI	NG AGENCY
LIST JOB RELATED RADIO OPERATOR LICENSE OR L	the US Armed d? Yesisability? Yes	PR CERTIFICATION OT, etc.:  E  I Forces? Yes  No Blackfeet Tri	ATES THE EXP	Percentage	No	ISSUI	NG AGENCY
LIST JOB RELATED RADIO OPERATOR LICENSE OR  LICENSE OR  PART 5  Are you a veteran of Branch of Service: Honorably discharge Service connected de  Are you an enrolled Are you married to a	the US Armedisability? Yes	PR CERTIFIC. OT, etc.:  Forces? Yes No No Blackfeet Tri mber of the Bl	ATES THE EXF	Percentage Yes	NoNo	ISSUI	NG AGENCY
LIST JOB RELATED RADIO OPERATOR LICENSE OR 1 2 3 PART 5 Are you a veteran of Branch of Service: Honorably discharge Service connected d Are you an enrolled Are you married to a Are you a descenda	the US Armed d? Yes	Blackfeet Tribe?	ATES THE EXPENSION OF THE PREFERS AND ADDRESS AND ADDR	Percentage Yes Tribe? Ye	NoNo	issui	NG AGENCY
LIST JOB RELATED RADIO OPERATOR LICENSE OR 1 2 3 PART 5 Are you a veteran of Branch of Service: _ Honorably discharge Service connected de Are you an enrolled Are you married to a	the US Armed d? Yesisability? Yes member of the n enrolled mernt of the Blacktmember of a d	Blackfeet Tribe?	ATES THE EXF  PREFE  Building the second of	Percentage Yes Tribe? Ye	No No Tribe	ISSUI	NG AGENCY

Dates:

DESCRIBE EACH JOB YOU HELD DURING THE MOST RECENT. INCLUDE ANY VOLUNTEER WO	LAST TEN (10) YEARS, BEGINNING WITH YOUR CURRENT OR DRK AND MILITARY SERVICE. IF YOU NEED MORE
SPACE USE EXTRA PAPER. EXPLAIN ANY GAP	S 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: TYPE OF BUSINESS OR ORGANIZATION:	PHONE#:
TITLE OF POSITION: REASON FOR LEAVING:	
MAY WE CONTACT FOR REFERENCE?  DESCRIPTION OF DUTIES, RESPONSIBILITIES.	
DECOMI NOT OF DOTIES, REST SHOULD FINE S	AND ACCOUNT EIGHTNIEITTO.
NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED (MONTH, DAY, YEAR) FROM / / TO / /
	NO. OF EMPLOYEES SUPERVISED  AVG. NO. OF HOURS PER WEEK
NAME OF IMMEDIATE SUPERVISOR:	SALARY/EARNINGS \$ PER PHONE#:
TYPE OF BUSINESS OR ORGANIZATION: TITLE OF POSITION:	
REASON FOR LEAVING: MAY WE CONTACT FOR REFERENCE?	YES NO LATER
DESCRIPTION OF DUTIES, RESPONSIBILITIES	<del>_</del> <del></del>
OOL MENTS	
COMMENTS:	

**WORK EXPERIENCE** 

PART 6

## **WORK EXPERIENCE (CONT'D)**

NAME AND ADDRESS OF EMPLOYER			OYED (MONTH, DAY, YEAR) / TO / /	
			HOURS PER WEEK	
			NINGS \$ 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			OYED (MONTH, DAY, YEAR)	
			'/ TO//	
			OYEES SUPERVISED	
			HOURS PER WEEK	
	SAL	ARY/EARI	NINGS \$ PER	
NAME OF IMMEDIATE SUPERVISOR:				
TYPE OF BUSINESS OR ORGANIZATION:				
TITLE OF POSITION:	-			
REASON FOR LEAVING:				
MAY WE CONTACT FOR REFERENCE?	YES	NO	LATER	
DESCRIPTION OF DUTIES, RESPONSIBILITIES	3 AND ACCOM	PLISHME	NIS:	
L				
COMMENTO:				
COMMENTS:				

LIST NAME AND TELEPHONE NUMBER			
NOT PREVIOUS SUPERVISORS. AT LE	AST ONE SHOULD KNOW YO	WELL ON A F	ERSONAL BASIS.
NAME	TELEPHONE	,	YEARS KNOWN
PART 8	BACKGROUND INFORMATIO		
FARTO	BACKGROUND IN CRIMATIO		
HAVE YOU EVER BEEN CONVICTED C	F A FELONY?YES	NO (/i	fyes please explain)
IF YES, HAVE YOU RECEIVED A PARD	ON OR A RESTORATION OF (	VII RIGHTS?	
(IF YES, PLEASE PROVIDE DOCUMENTATION.)	YES NO	VIETUOITIO.	
[[i Tee, Tee, Tee, Tee, Tee, Tee, Tee, Tee	120		
DO ANY OF YOUR RELATIVES CURRE	NTLY WORK FOR THE BLACK	EET TRIBE?	YESNO
If YES, provide details below. If you need more space blood, marriage or adoption in the following degree			
law, father-in-law, sister-in-law, brother-in-law, so	on-in-law, daughter-in-law, niece, nepi	w, aunt, uncle, firs	st cousin or other legal dependent,
regardless of residence, and any other family med	mber who resides in the same houser	ld. (Personnel Police	cies and Procedures, 13-2-1)
NAME	RELATIONSHIP		PROGRAM
PART 9 SIGNATURE,	CERTIFICATION AND RELEA	E OF INFORM	ATION
YOU MUST SIGN THIS APPLICATION.	READ THE FOLLOWING CAR	FULLY BEFOR	RE SIGNING.
It is understood and agreed upon that any			
for cancellation of this application and/or	separation from the employer's	ervice if I have b	peen employed.
I give the employer the right to investigate			
hereby, release from liability the employer		ng such inform	ation and all other
persons, corporations or organizations for	furnishing such information.		
All applicants tentatively colooted for t	his position will be required t	aubmit to a ur	inclusie and/or bair
All applicants tentatively selected for t	-	Supmit to a ur	marysis and/or nair
analysis testing to screen for illegal dr	ug use prior to appointment.		
I CERTIFY THAT, TO THE BEST OF MY	KNOW! EDGE AND BELIEF	LLOEMVSTA	TEMENTS ADE
		LL OF WIT 317	TEMENTS ARE
TRUE, CORRECT, COMPLETE, AND MA	ADE IN GOOD FAITH.		
SIGNATURE	DATE		
	DAIL .		

**REFERENCES** 

PART 7

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 \( \rightarrow FAX (406) 338-7313 \)

PROGRAM/DEPARTMENT	POSITION	
NAME:		
NAME:(FIRST) (MIDDLE)	(MAIDEN)	(LAST)
ALIAS/ OTHER NAMES USED:		
DATE OF BIRTH:		
DATE OF BIRTH:	(DAY) Message/Cell (	(YEAR) )
SOCIAL SECURITY NUMBER:		
LAST PLACE OF EMPLOYMENT:		
SUPERVISOR'S NAME/ PHONE:  As part of the initial and subsequent application proce Enforcement Agency to release any records they have check to the Blackfeet Personnel Department Brownin	ss, I hereby authorize any T regarding my background i g, Montana. I understand t	ncluding a criminal hist hat any information obt
As part of the initial and subsequent application proce Enforcement Agency to release any records they have check to the Blackfeet Personnel Department Brownin the background checks will be used by the Blackfeet Pesubsequent annual application update for employment results of the investigation are contrary to the policies	ss, I hereby authorize any T regarding my background i g, Montana. I understand t ersonnel Department to eva . I understand that I may b	including a criminal hist hat any information obta duate my application for e terminated from my po
As part of the initial and subsequent application proce Enforcement Agency to release any records they have check to the Blackfeet Personnel Department Brownin the background checks will be used by the Blackfeet Pe subsequent annual application update for employment	ss, I hereby authorize any T regarding my background i g, Montana. I understand t ersonnel Department to eva . I understand that I may b	including a criminal hist hat any information obta lluate my application for
As part of the initial and subsequent application proce Enforcement Agency to release any records they have check to the Blackfeet Personnel Department Brownin the background checks will be used by the Blackfeet Pesubsequent annual application update for employment results of the investigation are contrary to the policies	ss, I hereby authorize any Tregarding my background in g, Montana. I understand the ersonnel Department to evans. I understand that I may be of the Blackfeet Tribe.	including a criminal hist hat any information obta duate my application for e terminated from my po
As part of the initial and subsequent application proce Enforcement Agency to release any records they have check to the Blackfeet Personnel Department Brownin the background checks will be used by the Blackfeet Pesubsequent annual application update for employment results of the investigation are contrary to the policies EMPLOYEE'S SIGNATURE	ss, I hereby authorize any Tregarding my background in g, Montana. I understand the ersonnel Department to evaluate in I understand that I may be of the Blackfeet Tribe.	including a criminal hist hat any information obtailuate my application for e terminated from my potential DATE
As part of the initial and subsequent application proce Enforcement Agency to release any records they have check to the Blackfeet Personnel Department Brownin the background checks will be used by the Blackfeet Personnel annual application update for employment results of the investigation are contrary to the policies EMPLOYEE'S SIGNATURE  PARENTS SIGNATURE (If above individual is to the policies)	ss, I hereby authorize any Tregarding my background in g, Montana. I understand the ersonnel Department to evaluate it. I understand that I may be of the Blackfeet Tribe.	including a criminal hist hat any information obtailuate my application for e terminated from my potential DATE
As part of the initial and subsequent application proce Enforcement Agency to release any records they have check to the Blackfeet Personnel Department Brownin the background checks will be used by the Blackfeet Pesubsequent annual application update for employment results of the investigation are contrary to the policies EMPLOYEE'S SIGNATURE  PARENTS SIGNATURE (If above individual is update the policies of the investigation are contrary to t	ss, I hereby authorize any Tregarding my background in g, Montana. I understand the ersonnel Department to evant. I understand that I may be of the Blackfeet Tribe.  under 18 yrs. of age)	including a criminal hist hat any information obtailuate my application for e terminated from my potential DATE
As part of the initial and subsequent application proce Enforcement Agency to release any records they have check to the Blackfeet Personnel Department Brownin the background checks will be used by the Blackfeet Personnel annual application update for employment results of the investigation are contrary to the policies EMPLOYEE'S SIGNATURE  PARENTS SIGNATURE (If above individual is the example of the investigation are contrary to the policies are	ss, I hereby authorize any Tregarding my background in g, Montana. I understand the ersonnel Department to evant. I understand that I may be of the Blackfeet Tribe.  under 18 yrs. of age)	including a criminal hist hat any information obtailuate my application for e terminated from my potential DATE  DATE  ***********************************