

# APPLICATION FOR EMPLOYMENT BLACKFEET TRIBE

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

<b>PART 1</b>	<b>GENERAL INFORMATION</b>
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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 <i>(IF YES, IDENTIFY PROGRAM, POSITION, AND DATE OF EMPLOYMENT.)</i>	

<b>PART 2</b>	<b>AVAILABILITY</b>
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WHEN ARE YOU AVAILABLE TO WORK?  (MONTH/DAY/YEAR)	WHAT IS THE LOWEST PAY YOU WILL ACCEPT?  PAY \$                      PER
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<b>PART 3</b>	<b>EDUCATION</b>
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ARE YOU A HIGH SCHOOL GRADUATE OR HAVE YOU COMPLETED YOUR GED (HIGH SCHOOL EQUIVALENCY)? YES _____ NO _____ <i>IF NOT, WHAT IS THE HIGHEST GRADE YOU COMPLETED?</i>
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HAVE YOU EVER ATTENDED COLLEGE OR GRADUATE SCHOOL? YES _____ NO _____ <i>IF YES, CONTINUE WITH FORM BELOW (ATTACH ALL DOCUMENTATION) *SEE NOTE</i>
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COLLEGE/UNIVERSITY	MM/YY ATTENDED		CREDIT HRS	MAJOR COURSE	TYPE OF	MM/YY OF DEGREE
	FROM:	TO:	COMPLETED	OF STUDY	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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**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: \_\_\_\_\_

\_\_\_\_\_