APPLICATION FOR EMPLOYMENT BLACKFEET TRIBE

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

PART 1	GENERAL IN	IFORMATION			
NAME (LAST, FIRST, MIDDLE, MAIDEN)		ADDRESS (<i>BO)</i>	K, CITY, STATE	ī, ZIP)	
HOME PHONE:	E	EMAIL ADDRES	S:		
CELL PHONE:	V	WORK PHONE:			
POSITION FOR WHICH YOU ARE APPLYIN	G:				
HAVE YOU EVER WORKED FOR THE BLAC (IF YES, IDENTIFY PROGRAM, POSITION, AND DATE			ESNO		
PART 2	AVAILAE	BILITY			
WHEN ARE YOU AVAILABLE TO WORK? (MONTH/DAY/YEAR)		WHAT IS TH		Y YOU WILL ACC	EPT?
PART 3	EDUCAT	ION			
ARE YOU A HIGH SCHOOL GRADUATE OR (HIGH SCHOOL EQUIVALENCY)? YES IF NOT, WHAT IS THE HIGHEST GRADE YO HAVE YOU EVER ATTENDED COLLEGE OF IF YES, CONTINUE WITH FORM BELOW (ATTACH ALI	NO DU COMPLE R GRADUATI	 TED? E SCHOOL? YE			
COLLEGE/UNIVERSITY	MM/YY ATTENI	OFF COFFIT UPS	MAJOR COURSE	TYPE OF	DADA/XXX
	FROM: TO		OF STUDY	TYPE OF DEGREE	MM/YY OF DEGREE

EDUCATION (CONT'D)

Where:

TRAINING ATTENDED	MM/VV AT	TENDED	CLASSROOM	SUBJECTS		TRAINING COMPLETED
NAME & LOCATION	FROM:	TO:	HOURS	OODOLOTO		YES OR NO
TABLE & LOOP (TION	i Komi		Hooks			120 OK NO
NOTE: CREDIT WILL NO UNLESS DOCUMENTATION.						
ART 4	SPECIAL	QUALII	FICATIONS &	SKILLS		
YPING ABILITY:			SHODTH	ND OR SPE	ED WAITI	NG:
YES NO	\\/DM			NO NO		/PM
120 100			120			/ I IVI
IMPLOYMENT OR OTHER E	XPERIENCES THE STATE OF THE STATE OF CERTIFIC OF THE STATE OF T	ATES TH	Y QUALIFY YC	E, i.e., REGI	S POSITIO	N:
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EMPLOYMENT OR OTHER E	ES OR CERTIFICA , PILOT, etc.:	ATES THE	HAT YOU HAV	E, i.e., REGI	S POSITIO	N: NURSE, LAWYER,
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IST JOB RELATED LICENSE RADIO OPERATOR, DRIVER LICENSE OR CERTIFIC PART 5 Are you a veteran of the US Albranch of Service: Honorably discharged? Yes	ES OR CERTIFIC. PILOT, etc.: CATE med Forces? Yes	ATES THEXE	PIRATION DATE	E, i.e., REGI	STERED N IS to	NURSE, LAWYER, SUING AGENCY
EMPLOYMENT OR OTHER E LIST JOB RELATED LICENSE RADIO OPERATOR, DRIVER LICENSE OR CERTIFIC PART 5 Are you a veteran of the US Are Branch of Service: Honorably discharged? Yes	ES OR CERTIFIC. PILOT, etc.: CATE med Forces? Yes	ATES THEXE	PIRATION DATE	E, i.e., REGI	STERED N IS to	NURSE, LAWYER, SUING AGENCY
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EMPLOYMENT OR OTHER E SIST JOB RELATED LICENSE RADIO OPERATOR, DRIVER LICENSE OR CERTIFIC PART 5 Are you a veteran of the US Al Branch of Service: Honorably discharged? Yes Service connected disability? Are you an enrolled member of	ES OR CERTIFIC. PILOT, etc.: CATE Timed Forces? Yes No Yes No f the Blackfeet Tri	ATES THE EXF	Percentage	No	STERED N IS to	NURSE, LAWYER, SUING AGENCY
EMPLOYMENT OR OTHER E LIST JOB RELATED LICENSE RADIO OPERATOR, DRIVER LICENSE OR CERTIFIC PART 5 Are you a veteran of the US A Branch of Service: Honorably discharged? Yes Service connected disability? Are you an enrolled member of the you married to an enrolled	ES OR CERTIFIC. PILOT, etc.: The med Forces? Yes No No Yes No f the Blackfeet Tri member of the B	ATES THE EXF PREFE S libe?	Percentage Yes	No	STERED N IS to	NURSE, LAWYER, SUING AGENCY
EMPLOYMENT OR OTHER EMPLOYMENT OR CERTIFICATION OF CERTIFIC	ES OR CERTIFIC. PILOT, etc.: The med Forces? Yes No Yes No Yes No In the Blackfeet Tri member of the B lackfeet Tribe?	ATES THE EXF PREFE S libe? lackfeet Yes	Percentage Yes Tribe? Ye	No No No No No No No N	STERED N IS to	NURSE, LAWYER, SUING AGENCY

Dates:

MOST RECENT. INCLUDE ANY VOLUNTEER WO	AST TEN (10) YEARS, BEGINNING WITH YOUR CURRENT OR PRICE OF THE PROPERTY OF T
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?	VES NO LATER
	
DESCRIPTION OF DUTIES, RESPONSIBILITIES A	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 A	AND ACCOMPLISHMENTS:
COMMENTS:	

WORK EXPERIENCE

PART 6

WORK EXPERIENCE (CONT'D)

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED (MONTH, DAY, YEAR)
	FROM// TO/// NO. OF EMPLOYEES SUPERVISED
	SALARY/EARNINGS \$ PER
NAME OF IMMEDIATE SUPERVISOR.	
	PHONE#:
TYPE OF BUSINESS OR ORGANIZATION: TITLE OF POSITION:	
REASON FOR LEAVING: MAY WE CONTACT FOR REFERENCE?	VEC. NO. LATED
DESCRIPTION OF DUTIES, RESPONSIBILITIES	AND ACCOMPLISHMENTS:
NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED (MONTH, DAY, YEAR)
	FROM// TO//
	NO. OF EMPLOYEES SUPERVISED
	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	S AND ACCOMPLISHMENTS:
COMMENTS:	
COMMENTS.	

LIST NAME AND TELEPHONE NUMBER		
NOT PREVIOUS SUPERVISORS. AT LE NAME	TELEPHONE	YEARS KNOWN
PART 8	BACKGROUND INFORMATION	
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HAVE YOU EVER BEEN CONVICTED C	OF A FELONY?YES _	NO (If yes please explain)
IF YES, HAVE YOU RECEIVED A PARD		I DICHTS2
(IF YES, PLEASE PROVIDE DOCUMENTATION.)	YES NO	L'NGITTO!
DO ANY OF YOUR RELATIVES CURRE		
If YES, provide details below. If you need more spa- blood, marriage or adoption in the following degre	ees: husband, wife, father, mother, child, s	ster, brother, grandparent, grandchild, mother-in-
law, father-in-law, sister-in- law, brother-in-law, so regardless of residence, and any other family me		
NAME	RELATIONSHIP	PROGRAM
DADTO	CERTIFICATION AND DELEASE	OF INFORMATION
PART 9 SIGNATURE,	CERTIFICATION AND RELEASE	OF INFORMATION
YOU MUST SIGN THIS APPLICATION.	READ THE FOLLOWING CAREFU	ILLY BEFORE SIGNING.
It is understood and agreed upon that any		•
for cancellation of this application and/or	separation from the employer's serv	ice if I have been employed.
I give the employer the right to investigate	all references and to secure addition	onal information if job related 1
hereby, release from liability the employe		
persons, corporations or organizations for	•	,
All applicants tentatively selected for t	-	ıbmit to a urinalysis and/or hair
analysis testing to screen for illegal dr	ug use prior to appointment.	
I CERTIFY THAT, TO THE BEST OF MY	KNOWI FDGE AND BELIEF ALL	OF MY STATEMENTS ARE
TRUE, CORRECT, COMPLETE, AND M.		
,		
SIGNATURE	DATE	

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 ◊ FAX (406) 338-7313

PROGRAM/DEPARTMENT	POSITION	
NAME:(FIRST) (MIDDLE)		
		(LAST)
ALIAS/ OTHER NAMES USED:		
DATE OF BIRTH: (MONTH)		
PHONE NUMBER ()	(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 the background checks will be used by the Blackfeet Per	ss, I hereby authorize any T regarding my background i g, Montana. I understand t	including a criminal histo hat any information obta
As part of the initial and subsequent application proce Enforcement Agency to release any records they have	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 histo hat any information obta Iluate 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 evaluate I may be of the Blackfeet Tribe.	including a criminal histochat any information obtachluate my application for se 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 g, Montana. I understand tersonnel Department to eva. I understand that I may bof the Blackfeet Tribe.	including a criminal historial hat any information obtarial and the my application for the terminated from my pobarts DATE DATE
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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 update the personnel of the investigation are contrary to the policies of the investigation are contrary to the	ss, I hereby authorize any Tregarding my background g, Montana. I understand tersonnel Department to eva. I understand that I may bof the Blackfeet Tribe. Inder 18 yrs. of age)	including a criminal historhat any information obta aluate my application for the terminated from my po DATE DATE