

# FORT PECK ASSINIBOINE & SIOUX TRIBES EMPLOYMENT APPLICATION

P.O. Box 1027

501 Medicine Bear Road

Poplar, MT 59255

**INSTRUCTIONS:** Type or print clearly in dark ink. You must answer all questions completely and correctly. Incomplete or unsigned applications will not be considered. Read the job announcement carefully and attach only the information requested. Applications submitted to the Human Resource Office after the closing date will not be considered.

## EMPLOYMENT POSITION

What Position Are you Applying For ( <u>One Position per Application</u> ):			Date:
Are you Available to work?	<input type="radio"/> Full Time	<input type="radio"/> Part Time	<input type="radio"/> Temporary

## PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Mailing Address:		City, State:		Zip Code:	
Home/Cell Phone Number:		Business Phone Number:		E-mail Address (optional):	
Date of Birth:		Social Security Number:		For Male Applicants Only: Are you registered with the Selective Service? <input type="radio"/> YES <input type="radio"/> NO	
Are you a member of a Federally Recognized Tribe? <input type="radio"/> YES <input type="radio"/> NO		If Yes, Where?		Name of Tribe:	
				Tribal Status: <input type="radio"/> Full <input type="radio"/> Associate	
Are you a citizen of the United States? <input type="radio"/> YES <input type="radio"/> NO (In most cases you must be a citizen to be hired. You may be asked to submit proof of citizenship.)				HR OFFICE USE ONLY: <input type="radio"/> Qualified <input type="radio"/> Non-Qualified	

## EDUCATIONAL HISTORY

Do you have a High School Diploma or GED? <input type="radio"/> High School Diploma <input type="radio"/> GED <input type="radio"/> None					
(If you have a HS diploma/GED, please answer the questions below)					
Month:		Year:		School (for GED, please list issuing state):	
College or University:		City/State:		Major/Minor:	
				Degree:	
Year:		College or University:		City/State:	
				Major/Minor:	
				Degree:	
Year:		If in Graduate School, Please list field of study:			

**INSTRUCTIONS:** For Applicants applying for a position with Spotted Bull Treatment Center or Head Start, please complete the prescribed questions below. If you are not applying for positions with SBTC or Head Start, you may skip this page and continue onto page 3 of the employment application.

**SPOTTED BULL TREATMENT CENTER APPLICANTS ONLY**

Due to SBTC being a Chemical Dependency Service, it will be mandatory to answer the following (2) two questions

Are you a recovering alcoholic or recovering drug abuser       YES       NO

How many months/years have you maintained sobriety and/or been free of drug use:

Do you have relatives working for SBTC that may be your supervisor or vice versa?

YES       NO

Are you able to travel as necessary to carry out your duties?

YES       NO

Why are you interested in working for SBTC?

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**HEAD START APPLICANTS ONLY**

<b><u>Cooks Only</u></b>	Cooking Experience: <input type="radio"/> YES <input type="radio"/> NO	Bulk Purchasing: <input type="radio"/> YES <input type="radio"/> NO
	Can you cook for a large group of people? <input type="radio"/> YES <input type="radio"/> NO	Experience developing menus: <input type="radio"/> YES <input type="radio"/> NO
<b><u>Bus Driver's Only</u></b>	Bus Driving Experience: <input type="radio"/> YES <input type="radio"/> NO	Supervising Children Experience: <input type="radio"/> YES <input type="radio"/> NO
	Mechanic Experience: <input type="radio"/> YES <input type="radio"/> NO	Has your driving privileges been revoked? <input type="radio"/> YES <input type="radio"/> NO
	If you answered yes to having your driving privileges revoked, please give brief explanation below: <hr/> <hr/>	

**SBTC and HEAD START APPLICANTS**

Date of Last Physical:	Physical Condition : <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Excellent
Are you CPR or First Aid Certified: <input type="radio"/> YES <input type="radio"/> NO	
(If you answered yes, please provide a copy of your certification)	

**INSTRUCTIONS:** In the next section, please describe your work history over the last five (5) years that relates to the position for which you are applying. You may include all Paid and Non-Paid (Volunteer Work) that relates to the position.

<b>WORK HISTORY</b>			
<b>Company Name:</b>	<b>Address:</b>	<b>Telephone Number:</b>	<b>Hourly Wage:</b>
<b>Job Title</b>		<b>Dates of Employment:</b> M/Y                      To                      M/Y	
<b>Please describe Job Duties:</b>			<b>Reason for Leaving</b>
_____			_____
_____			_____
_____			_____
_____			_____
_____			<b>HR OFFICE USE ONLY:</b>

<b>WORK HISTORY</b>			
<b>Company Name:</b>	<b>Address:</b>	<b>Telephone Number:</b>	<b>Hourly Wage:</b>
<b>Job Title</b>		<b>Dates of Employment:</b> M/Y                      To                      M/Y	
<b>Please describe Job Duties:</b>			<b>Reason for Leaving</b>
_____			_____
_____			_____
_____			_____
_____			_____
_____			<b>HR OFFICE USE ONLY:</b>

<b>WORK HISTORY</b>			
<b>Company Name:</b>	<b>Address:</b>	<b>Telephone Number:</b>	<b>Hourly Wage:</b>
<b>Job Title</b>		<b>Dates of Employment:</b> M/Y                      To                      M/Y	
<b>Please describe Job Duties:</b>			<b>Reason for Leaving</b>
_____			_____
_____			_____
_____			_____
_____			_____
_____			<b>HR OFFICE USE ONLY:</b>

**Work History Continued:**

<b>WORK HISTORY</b>			
<b>Company Name:</b>	<b>Address:</b>	<b>Telephone Number:</b>	<b>Hourly Wage:</b>
<b>Job Title</b>		<b>Dates of Employment:</b> M/Y                      To                      M/Y	
<b>Please describe Job Duties:</b>			<b>Reason for Leaving</b>
_____			_____
_____			_____
_____			_____
_____			<b>HR OFFICE USE ONLY:</b>
_____			

<b>WORK HISTORY</b>			
<b>Company Name:</b>	<b>Address:</b>	<b>Telephone Number:</b>	<b>Hourly Wage:</b>
<b>Job Title</b>		<b>Dates of Employment:</b> M/Y                      To                      M/Y	
<b>Please describe Job Duties:</b>			<b>Reason for Leaving</b>
_____			_____
_____			_____
_____			_____
_____			<b>HR OFFICE USE ONLY:</b>
_____			

<b>WORK HISTORY</b>			
<b>Company Name:</b>	<b>Address:</b>	<b>Telephone Number:</b>	<b>Hourly Wage:</b>
<b>Job Title</b>		<b>Dates of Employment:</b> M/Y                      To                      M/Y	
<b>Please describe Job Duties:</b>			<b>Reason for Leaving</b>
_____			_____
_____			_____
_____			_____
_____			<b>HR OFFICE USE ONLY:</b>
_____			

**INSTRUCTIONS:** In the following sections, please answer all the questions. If you are unable to give an answer or the question does not apply to you, please write N/A as your answer. **Do not leave any blanks.**

<b>WORK SKILLS</b>		
Words Per Minute Typing:	Words Per Minute Shorthand:	Computer Skills: <input type="radio"/> YES <input type="radio"/> NO
Please list skills, training certificates, or licenses that pertain to the position for which you are applying (include languages, equipment, etc):		

<b>DRIVING BACKGROUND</b>	
Do you have a Driver's License? <input type="radio"/> YES <input type="radio"/> NO (please attach a copy of your driver's license to your application)	<b>FULL NAME AS IT APPEARS ON LICENSE:</b>
Type of License: <input type="radio"/> OPERATOR <input type="radio"/> COMMERCIAL <input type="radio"/> PASSENGER <input type="radio"/> MOTORCYCLE	
In the space below, please list any special driving courses you have completed and/or types of licensing that was not mentioned above:	

<b>REFERENCES</b>		
List three people who are not related to you and are not supervisors you listed under Work History, who know your qualifications and fitness for the kind of job for which you are applying.		
Name:	Name:	Name:
Address:	Address:	Address:
Telephone Number:	Telephone Number:	Telephone Number:

**BACKGROUND INFORMATION**

Please answer yes or no to the following questions:

During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems?	<input type="radio"/> YES <input type="radio"/> NO
Have you ever been convicted of or forfeited collateral for any firearms or explosives violations?	<input type="radio"/> YES <input type="radio"/> NO
Are you now under charges for any violation?	<input type="radio"/> YES <input type="radio"/> NO
During the last 5 years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole?	<input type="radio"/> YES <input type="radio"/> NO
Have you ever been convicted by a military court-martial? (If you have no Military Service, answer NO)	<input type="radio"/> YES <input type="radio"/> NO
Have you ever been arrested for or charged with a crime involving a child?	<input type="radio"/> YES <input type="radio"/> NO
Have you ever been found guilty of, or entered a plea of no contest or guilty to, any offense under Federal, State, or tribal law involving crimes of violence, sexual assault, molestation, exploitation, contact, or crimes against persons?	<input type="radio"/> YES <input type="radio"/> NO
In the last three years, have you had any driving violations or at-fault accidents?	<input type="radio"/> YES <input type="radio"/> NO

If you answered YES to any of the questions above, please give a brief explanation:

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**PLEASE NOTE:** In order to receive veteran's preference you must submit a copy of your DD-214 for all claimed periods of military service.

**MILITARY BACKGROUND**

Have you served in the U.S. Armed Services? <input type="radio"/> YES <input type="radio"/> NO			
Branch of Service:		Branch of Service:	
From:	To:	From:	To:

## REVIEW OF APPLICATION

Please review the following checklist before signing your application. Check all that may apply. Failure to submit a complete application will result in a determination that your application is incomplete and it will not be considered. Take a moment to review your application and make sure you have attached all pertinent documents.

- Have you answered all the questions and filled in all the information requested in the application that you are submitting (i.e., all *months and years* filled out for years in current and previous positions)?
- Is a copy of your high school diploma or GED attached to the application if the job announcement is asking for these documents?
- Is a copy of your official/final college transcripts for positions that have positive education requirements or if you are substituting education for any of the experience requirements of the application attached to your application? (i.e., if you are certified or have training, please attach those documents to your application.)
- If you are claiming Veteran's Preference, have you attached a copy of your DD-214 to your application?
- If driving is required, have you included a copy of your driver's license/CDL?
- Have you reviewed the vacancy announcement for special requirements or documents that must accompany your application at the time of submission?

## APPLICANT CERTIFICATION

I hereby authorize the Fort Peck Tribes to investigate my background, references, employment record and other matters related to my suitability for employment. This may include a criminal background check and a check on my driving record. I also authorize my former employers or any third party to disclose to the Fort Peck Tribes all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. Furthermore, by signing below I acknowledge that this application is complete to the best of my knowledge and I have attached all documents and information pertinent to the position. In the event of employment, I understand that any false or misleading information given in my application or interview may result in immediate termination from my position. This application is not a contract of employment with the Fort Peck Tribes.

Signature of Applicant:

Date:

## **PRE-EMPLOYMENT DRUG TESTING CONSENT FORM**

I have applied for employment with the Fort Peck Assiniboine and Sioux Tribes (Tribes) and as a condition of employment, I must be and I must remain drug free. I understand that the Tribes are a drug-free workplace and the use of drugs and alcohol in the workplace, or being under the influence of drugs and/or alcohol at the workplace, is strictly prohibited. I agree to undergo a pre-employment drug screen. I understand that if my pre-employment test results are positive, or if I fail to undergo the pre-employment drug screen, my application will not be considered further.

I hereby give consent to and authorize the Tribes and its agents, employees, and/or any physician, laboratory, hospital, or medical professional retained by the Tribes to collect an unadulterated urine specimen and to use such specimen to conduct drug screening and provide the results to the Tribes. I understand that failure to do the drug screen will have the same effect as a positive drug test.

I hereby certify that I have not failed a drug screen or been denied employment due to a failed drug screen within the last six months. I agree to participate in this program and release the Tribes and any of its employees or agents from any liability arising out of my participation in this drug screen program.

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Applicant's Signature (Sign)

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Date

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Applicant's Name (Printed)