



Spirit Lake Tribe

Employment Application



Tribal Personnel Department

P.O. Box 359 Fort Totten, ND 58335

Phone#: (701) 766-1215

E-Mail: slthr@spiritlakenation.com

Spirit Lake Head Start 0-5 Program

P.O. Box 89 Fort Totten, ND 58335

Phone#: (701) 766-4070 Fax#: (701) 766-1357

Applications are considered for all positions without regard to race, color, religion, sex, national origin, marital status, family status or veteran status, or the presence of a non-related condition or handicap.

PERSONAL INFORMATION

DATE: _____

NAME: _____ SOCIAL SECURITY#: _____
LAST FIRST M.I.

MAILING ADDRESS: _____
STREET/P.O. BOX CITY STATE ZIPCODE

PHONE#: _____ CELL#: _____ E-MAIL ADDRESS: _____

DRIVER'S LICENSE: YES NO CLASS: _____ DATE OF BIRTH: _____

EMERGENCY CONTACT: _____
NAME PHONE NUMBER RELATIONSHIP

GENERAL INFORMATION

Position/Title applying for: _____ Date you can start: _____

Salary/Wage expected: _____

Have you ever been employed by the Spirit Lake Tribe before? YES NO If yes, when? _____

Are you presently employed? YES NO If yes, may we contact your employer? YES NO

Enrolled member of a federally recognized tribe? YES NO Name of Tribe: _____

Status you are willing to work: Full-Time Part-Time Seasonal/Sub/Temporary

Can you travel if the position requires it? YES NO Have you ever been convicted of a felony? YES NO

MILITARY INFORMATION

Are you a veteran? YES NO Service Dates From: _____ To: _____

Branch: _____

EDUCATION TRAINING

Select the highest grade completed:

7th 8th 9th 10th 11th 12th GED Date of Graduation/GED: _____

1st Yr. College 2nd Yr. College 3rd Yr. College 4th Yr. College Date of Graduation: _____

Graduate School Field of Study: _____

Name of School	Course of Study	Degree, Certificate, Occupational License	Dates of Enrollment Date Degree Received

DO YOU HAVE ANY PHYSICAL, MENTAL, OR MEDICAL DISABILITY

THAT WOULD REQUIRE RESOURCE ACCOMODTION ON THE JOB?

YES NO

If **YES**, what accommodation is required? _____

If you are applying for a secretarial position, please check the following:

Typing Speed **Shorthand** **Accounting Experience** **Computer Knowledge**

WORK HISTORY

Please complete the following beginning with your present or most current employer:

Title held: _____ **Full-time** **Part-Time** **Temporary/Seasonal**

Salary/Gross Pay (Not required but will give a): _____

If part-time/temporary/seasonal, how many hours did you work during the week? _____

Date of Employment: From: _____ To: _____

Job Duties: _____ Reason for leaving: _____

Employer's Name/Company: _____ Employer's Address: _____

Employer's Phone Number: _____ Supervisor's Name and Title: _____

Title held: _____ **Full-time** **Part-Time** **Temporary/Seasonal**

Salary/Gross Pay (Not required): _____

If part-time/temporary/seasonal, how many hours did you work during the week? _____

Date of Employment: From: _____ To: _____

Job Duties: _____ Reason for leaving: _____

Employer's Name/Company: _____ Employer's Address: _____

Employer's Phone Number: _____ Supervisor's Name and Title: _____

Title held: _____ **Full-time** **Part-Time** **Temporary/Seasonal**

Salary/Gross Pay (Not required): _____

If part-time/temporary/seasonal, how many hours did you work during the week? _____

Date of Employment: From: _____ To: _____

Job Duties: _____ Reason for leaving: _____

Employer's Name/Company: _____ Employer's Address: _____

Employer's Phone Number: _____ Supervisor's Name and Title: _____

REFERENCES

Please list three personal references that are not related to you.

Name	Place of Employment	Phone Number

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application as may be deemed necessary arriving at employment decision.

In the event of my employment, I understand that false or misleading information given on my application interview may result in discharge. I understand further that I am required to abide by all rules and regulations of Spirit Lake Sioux Tribal Policies and Procedures.

Signature of Applicant

Date

Spirit Lake Head Start 0-5 Program **Authorization For A Tribal & State Background Check**

I. Identifying Information

Name: _____ Date of Birth: _____

Address: _____
Street/PO Box City ND Zip Code

Social Security Number: _____ - _____ - _____

Name of Facility: Spirit Lake Head Start 0-5 Program Telephone Number: 766-4070

II. Assurance

I certify that I have not been found guilty of a crime against children or been convicted of a felony. In the event that I am guilty of a crime against children, been convicted of a felony or a child abuse neglect decision of "Services Required" has been made, I will immediately notify the Spirit Lake Head Start Main Office.

III. Authorization of Release of Information for Spirit Lake Nation and other Tribal Entities

I, _____, give the Spirit Lake Head Start Program permission to complete a background check on my name referring to tribal records. I understand and authorize the release of all information contained in those records to the Spirit Lake Head Start Office. (if applicable)

IV. Authorization of Release of Information for State and Driving Record

I, _____, authorize the Spirit Lake Head Start Program to conduct a background check in regards to State and driving record on my name. I understand and authorize the release of all information contained in those records to the Spirit Lake Head Start Office at Spirit Lake Nation, P.O. Box 89, Fort Totten, ND 58335.

V. Former Addresses/Names

Please list any former address(es) you have resided at in the last ten years:

Please list any other names you have gone by in the last ten years:

VI. Certification Signature

I hereby certify that the above information is true to the best of my knowledge.

Signature of applicant

Date