

ATTENTION APPLICANTS

IN ORDER FOR YOUR APPLICATION TO BE **CONSIDERED COMPLETE**, (by H.R.) it must have **(3) CURRENT REFERENCE LETTERS, ALL WITHIN THE YEAR.**

ALL APPLICANTS WILL NEED TO SUBMIT SUPPORTING DOCUMENTS per JOB ADVERTISEMENT. THERE WILL BE NO ROLL-OVER OF APPLICATIONS DUE TO JOB AD'S REQUIRING THEIR OWN SUPPORTING DOCUMENTS.

The Advertising Programs may or may not require all these attachments as our office requires, so please be sure to **read Job Advertisements thoroughly.**

NAME: _____ POSITION APPLYING FOR: _____

Please ***Initial*** what you
are submitting ↓

APPLICATION CHECKLIST:

COMPLETED TRIBAL APPLICATION:

(**signed and dated**)

CURRENT RESUME (please **do NOT** write "see resume"
in the work experience section, it is a part of the application process)

(3) REFERENCE LETTERS (**signed and dated**)

CREDENTIALS (training certificates, etc.)

DIPLOMA (high school/hi-set/college)

PHOTO I.D. OR C.I.B. (IF claiming Tribal
Member preference)

DRIVERS LICENSE

(IF job requires one)

DD214 (IF CLAIMING VETERANS STATUS)

Additional Job Requirements:

H.R. NOTES:)

APPLICANT

H.R.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**APPLICATION
FOR
EMPLOYMENT
NORTHERN CHEYENNE TRIBE**

**HUMAN RESOURCE DEPARTMENT
600 S. CHEYENNE AVENUE
P.O. BOX 128
LAME DEER, MONTANA 59043
TELEPHONE NUMBER: (406) 477-4825
FAX NUMBER: (406) 477-8498**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PERSONAL INFORMATION					
Legal Name: First Middle Last				Date of Application/Time Received:	
Mailing Address: City State Zip				Social Security Number 	
Telephone Number(s): Home: _____ Work: _____		Driver's License: (Operator/CDL/Chauffeur) Number: _____ State: _____ Expiration Date: _____		Are You A Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Branch? _____ From: _____ To: _____	
What Languages Do You Speak Fluently? Read? Write?				Tribal Affiliation: _____ Census No: _____	
Have You Ever Been Convicted Of A FELONY Or HIGH MISDEMEANOR Within The Past Ten (10) Years? (For Most Jobs, A Conviction Of A Felony Will Not Automatically Be Grounds For Disqualification). OR Have You Been Convicted Of Any moving Traffic Violations Within The Last Five (5) Years? (You May Be Subject To A Background Check) If so, When, Where, and Disposition Of Case.					
EMPLOYMENT DESIRED					
Position Title & Location:					
Have You Worked For Us Before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, When? <input type="checkbox"/>					
Any Relatives Working With N.C.T? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name: Dept.:					
EDUCATIONAL BACKGROUND					
Type of School	Name & Address	Dates of Attendance (From & To) Month/Year Month/Year		Graduated	Course or Major
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Undergraduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business or Trade				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any Other Experience, Skills, or Qualifications Related To The Job You Are Seeking:					

WORK EXPERIENCE (LIST PRESENT OR MOST RECENT EMPLOYER FIRST)		
1.) Name & Address of Employer _____ _____ Telephone: _____ EXT. _____	Dates of Employment (Month/Year) From: _____ To: _____ Total Years: _____	Salary Rate Per Hour Start: _____ End: _____ Other: _____
Name & Title Of Your Supervisor		Your Position
Description of Job Responsibilities:		
No. Supervised:	Reason For Leaving:	
2.) Name & Address of Employer _____ _____ Telephone: _____ EXT. _____	Dates of Employment (Month/Year) From: _____ To: _____ Total Years: _____	Salary Rate Per Hour Start: _____ End: _____ Other: _____
Name & Title Of Your Supervisor		Your Position
Description of Job Responsibilities:		
No. Supervised:	Reason For Leaving:	
3.) Name & Address of Employer _____ _____ Telephone: _____ EXT. _____	Dates of Employment (Month/Year) From: _____ To: _____ Total Years: _____	Salary Rate Per Hour Start: _____ End: _____ Other: _____
Name & Title Of Your Supervisor		Your Position
Description of Job Responsibilities:		
No. Supervised:	Reason For Leaving:	
REFERENCES (DO NOT LIST RELATIVES)		
Name & Occupation	Address	Telephone Number
APPLICANT'S CERTIFICATION AND AGREEMENT		
I Hereby Certify That The Facts Sets Forth In The Above Employment Application Are True And Complete To The Best Of My Knowledge. I Understand That If Employed, Falsified Statements On This Application Shall be Considered Sufficient Cause For Dismissal. You Are Hereby Authorized To Make Any Investigation Of My Personal History.		
Signature of Applicant _____		Date _____