

**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)		Graduated	Course or Major
		Month/Year	Month/Year		
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 _____ _____	Dates of Employment (Month/Year) From: _____ To: _____ Total Years: _____	Salary Rate Per Hour Start: _____ End: _____ Other: _____
Telephone: _____ EXT. _____		

Name & Title Of Your Supervisor	Your Position
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Description of Job Responsibilities:

No. Supervised:	Reason For Leaving:
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2.) Name & Address of Employer _____ _____	Dates of Employment (Month/Year) From: _____ To: _____ Total Years: _____	Salary Rate Per Hour Start: _____ End: _____ Other: _____
Telephone: _____ EXT. _____		

Name & Title Of Your Supervisor	Your Position
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Description of Job Responsibilities:

No. Supervised:	Reason For Leaving:
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3.) Name & Address of Employer _____ _____	Dates of Employment (Month/Year) From: _____ To: _____ Total Years: _____	Salary Rate Per Hour Start: _____ End: _____ Other: _____
Telephone: _____ EXT. _____		

Name & Title Of Your Supervisor	Your Position
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Description of Job Responsibilities:

No. Supervised:	Reason For Leaving:
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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