

Application Receive By: _____

Date _____

APPLICATION FOR EMPLOYMENT

CHIPPEWA CREE TRIBE
31 Agency Square
Box Elder, MT 59521
(406) 395-5242

FOR TRIBAL USE ONLY

Date of application _____

Interviewed by _____

Rejection letter sent _____

Position hired for _____

Location of work _____

Hours _____

Salary _____

Date of hire _____

Supervisor _____

Position applying for _____

P
E
R
S
O
N
A
L

Last Name

First

Middle

Date

Street Address

Home Telephone

City

State

Zip

Business Telephone

Social Security #

Are you available for full-time work?

() Yes

() No

If not, what hours can you work? _____

Are you of the legal age to work?

() Yes

() No

Are you legally eligible for employment in the United States?

() Yes

() No

When will you be eligible to begin work? _____

Membership in Professional or Civic Organizations

(You may exclude those, which disclose your race, color, religion or national origin)

EDUCATION	School	Name and Location of School	Course of Study	No. of years completed	Did you Graduate?	Degree or Diploma	No. of Credits
	Graduate				<input type="checkbox"/> Yes		
					<input type="checkbox"/> No		
	College				<input type="checkbox"/> Yes		
					<input type="checkbox"/> No		
	Business Trade Technical				<input type="checkbox"/> Yes		
					<input type="checkbox"/> No		
	High School				<input type="checkbox"/> Yes		
					<input type="checkbox"/> No		
	Elementary				<input type="checkbox"/> Yes		
					<input type="checkbox"/> No		

EMPLOYMENT

Company Name	Dates employed (give month, day, and year)	Telephone
Address	Average number of Hours per week	Number of employees you supervised
Name of Supervisor	Exact Title of your job	Number of employees you supervised

Description of work: _____

 Reason for leaving _____

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact

 Employer Number (s) _____ Reason _____

YOU MUST ANSWER ALL QUESTIONS IN THIS SECTION

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, with limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1954 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age and citizenship. The law in most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
		_____ Years <input type="checkbox"/> Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes what employers?
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<input type="checkbox"/>	Have you ever been convicted of a felony or misdemeanor? () Yes () No If yes, describe in full.
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<input type="checkbox"/>	Have you received Worker's Compensation or Disability Income payments? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe
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<input type="checkbox"/>	Do you have any physical devices which prevent you from performing certain jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe limitations.
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<input type="checkbox"/>	Do you have any physical conditions that might limit your ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe this condition and how you can perform the job in spite of it.
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<input type="checkbox"/>	Tribal Member Preference Enrolled At: _____ Enrollment #: _____
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The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature

BACKGROUND INVESTIGATION RELEASE FORM

I, hereby authorize the Chippewa Cree Tribe and/or entities it authorizes on its behalf to conduct a background investigation on me. This background investigation is necessary for employment purposes due to the position that I have applied for.

Printed Name

Signature

Maiden Name or Also Known As

Also Known As

Date of Birth

Social Security Number

Current Address:

Previous Address:

Previous Address:

Previous Address:

/s/ Susie LaMere, Human Resources Dept.
/s/ Jennifer Windy Boy, HR Assistant
Chippewa Cree Tribe
31 Agency Square
Box Elder, MT 59521
406.395.5242
Main Office 395.4478/4282/5705