

Sisseton-Wahpeton Oyate
APPLICATION FOR EMPLOYMENT

Date of this Application: _____

Position Applied For: _____ Program: _____

Applicant's Full Legal Name: _____
(First) (Middle Initial) (Last)

Applicant's Contact Information:

Address: _____
(City) (State) (Zip Code)

Current Phone Numbers: *Day*: _____ *Night*: _____

Cell Phone(s): _____

E-Mail Address(es): _____

EDUCATION:

High School - Check the highest grade completed: 9 10 11 12

Year you graduated or received G.E.D.: _____ Name & Address of School: _____

Check the number of years of post high school education: 1 2 3 4 More

Name of Post High School Education Institute:	Address:	Degrees or Certificates Achieved or Credit Hrs. Earned	Major	Dates of Attendance
If you expect to complete an educational program in the near future, please state what degree or certificate you expect to achieve and the expected completion date:				

EXPERIENCE: Starting with the current or most recent, describe all paid, military, and volunteer experience. Highlight the knowledge, skills and abilities that best demonstrate your qualifications for this position.

Employer: _____	Telephone: _____
Address: _____	
Position Held: _____	Supervisor: _____
Employment Dates – From: _____ To: _____	Hourly Rates – Beginning: _____ Ending: _____
Job Duties Performed: _____	
Reason for leaving: _____	

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<p>Employer: _____ Telephone: _____ Address: _____ Position Held: _____ Supervisor: _____ Employment Dates – From: _____ To: _____ Hourly Rates – Beginning: _____ Ending: _____ Job Duties Performed: _____ _____ _____ Reason for leaving: _____</p>
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USE THIS SPACE TO PROVIDE ANY ADDITIONAL INFORMATION REGARDING YOUR KNOWLEDGE, SKILLS, AND ABILITIES THAT YOU THINK WOULD ASSIST US IN EVALUATING YOUR APPLICATION:

LICENSES/CERTIFICATES:

Include licenses, certificates, or other authorization to practice a trade or profession:

<i>Type:</i>	<i>Number:</i>	<i>Granting Agency:</i>

REFERENCES:

List three references that are not related to you who know of your qualifications.

<i>Name:</i>	<i>Address:</i>	<i>Telephone:</i>	<i>Association with You:</i>

LANGUAGE:

Indicate your Dakota language skills:

<i>Skill:</i>	<i>Fluent</i>	<i>Good</i>	<i>Fair</i>	<i>Willing to Learn</i>
Speaking				
Reading				
Writing				

OTHER:

What type of employment do you seek (check all that are acceptable to you):

- Full-time
 Part-time
 Seasonal
 Temporary/Emergency Hire
 Intermittent/Substitute
 Federal Training Program
 Consultant/Independent Contractor

What schedules are you available to work:

- Day
 Night
 Shift Hours (*specify*)– From: _____ To: _____

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Are you willing to accept employment that requires travel? Yes No

Are you willing to provide your own transportation if necessary for employment? Yes No

Are you a veteran who has received an honorable discharge? Yes¹ No

Are you a veteran who has a service connected disability rating fixed by the United States Veterans Affairs? Yes² No

Are you claiming Indian Preference? Yes³ No

Are you legally eligible for employment in the United States in accordance with the Immigration Control and Reform Act of 1986? Yes⁴ No

Have you ever been convicted of a felony? Yes⁵ No

May we contact your present supervisor? Yes No

When would you be available to start work? _____

APPLICANT AGREEMENT

I certify that the information given herein is true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment, including a check of my references and previous supervisors/employers. I understand this application is not a contract for employment. I understand that any false misrepresentation or omission of facts called for in this application will cause cancellation of any consideration for employment and may result in immediate discharge from employment, should I be hired under false pretenses.

Applicant's Signature

Date

Human Resources Office Signature

Date

By virtue of my signature, I hereby consent to the civil jurisdiction of the Sisseton-Wahpeton Oyate if I am hired.

Applicant's Signature

Date

Human Resources Office Signature

Date

¹ To be considered for Veterans Preference, please attach documentation of your honorable discharge (DD-214)

² To receive preference as a veteran with a service-connected disability, please attach documentation.

³ To be considered for Indian Preference, please attach a copy of your Tribal Enrollment information and/or your spouse's Tribal Enrollment information.

⁴ Under the Immigration Control and Reform Act of 1986, proof of citizenship or immigration status will be required upon employment. You will be required to complete applicable sections of the Immigration and Naturalization Service Form I-9 if you are hired.

⁵ If yes, please provide a description of the conviction and date(s thereof): _____