Sisseton-Wahpeton Oyate APPLICATION FOR EMPLOYMENT

	Date of this Application:					
Position Applied For:		Program:				
Applicant's Full Legal Name:						
Applicant's Contact Information:	(First)	(Middle Initial)	(Last))		
Address:						
Address.						
Current Phone Numbers:		(State) N	` *	Code)		
E-Mail Address(es):						
EDUCATION:						
High School - Check the highest g	grade completed:	<u> </u>]10	.2		
Year you graduated or received G	.E.D.:	_Name & Address	s of School:			
Check the number of years of pos	t high school educ	cation: 1 2	2	More		
Name of Post High School Education Institute:	Address:	Degrees or Certificates Achi or Credit Hrs. Ea	MINIM	Dates of Attendance		
If you expect to complete an educational and the expected completion date:	program in the near fut	ure, please state what de	gree or certificate you	expect to achieve		
Evenence and the state						
EXPERIENCE: Starting with the curre Highlight the knowledge, skills and abili				erience.		
Employer:			Telephone:			
Address:			-			
Position Held: Employment Dates - From:						
Job Duties Performed:						
Reason for leaving:						

HR Form 201

Sisseton-Wahpeton Oyate APPLICATION FOR EMPLOYMENT

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

Sisseton-Wahpeton Oyate APPLICATION FOR EMPLOYMENT

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ABILITIES THAT YOU THINK		L INFORMATION REGARD IN EVALUATING YOUR A		EDGE, SKILLS, AND	
LICENSES/CERTIFICATES	7.				
Include licenses, certifica		horization to practi	ce a trade or pro	fession:	
Type.	•	Numbe		Granting Agency:	
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REFERENCES:	. 1 . 1 .	1 1 (1.0.		
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HR Form 201

Sisseton-Wahpeton Oyate **APPLICATION FOR EMPLOYMENT** Are you willing to accept employment that requires travel? | Yes | No Are you willing to provide your own transportation if necessary for employment? \(\subseteq \text{Yes} \) \(\subseteq \text{No} \) Are you a veteran who has received an honorable discharge? \(\subseteq\) Yes¹ 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? \square Yes⁵ \square No May we contact your present supervisor? \square No Yes 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.

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

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.