



Fort Berthold Housing Authority

P.O. BOX 310

New Town, ND 58763

Office Physical address: Highway 1804 North, Dakota Drive

Telephone No. 701.627.4731 Fax No. 701.627.3802

The following must be attached to application:

- Copy of Driver's License (Required)
- Copy of Social Security Card (Required)
- Copy of Certification of Indian Blood (Required if enrolled)
- Copy of Diploma/Transcripts (Required)
- Copy of any certifications/training/documents for the position you are applying for (optional)

Upon review and acceptance as an eligible applicant, **your application will be kept for 90 days.** You must update changes (contact information), to your application by contacting Human Resource as soon as possible or your application will become ineligible for consideration.



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APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First Name	Middle Initial	Date of Application
	Street Address/P.O. Box			Home Telephone (Area Code First)
	City	State	Zip Code	Cell Phone
	Position Desired			Email (Optional)
	If you claim Indian Preference, of which tribe are you an enrolled member? (A copy of your enrollment certificate must be attached to this application)			Pay Expected
	Are you a veteran?			In which program of the military (A copy of your DD-214 Must be attached)
	Have you ever been convicted of a Felony crime or pled guilty or no contest to any crime? (conviction will not necessary disqualify applicant from employment)			If your answer is "yes", please explain at the end of the applicant form.
	Are you legally eligible for employment in the United States? (If citizenship status is questionable, proof will be required.)			When would you be available to begin work?
	Do you have a valid Driver's License? (A copy of your driver's license must be attached)			State License No.
	Are you available for full-time work?			Will you work over time if requested?
Were you ever previously employed with FBHA?			Date(s) of employment	

E D U C A T I O N	<u>Level</u>	<u>Name/Address of school</u>	<u>Course of Study</u>	<u>Yrs. Completed or Degree/Diploma</u>
	Graduate			
	College			
	Business/Technical/Trade			
	High School (Must include copy of diploma or GED Certificate)			
	Elementary			

A copy of all degrees, diplomas, certificates of completion must be attached.

Applications are valid for 90-days, and will not be returned to applicants.

EMPLOYMENT HISTORY:

Please give accurate complete full-time and part-time employment. Start with your present or most recent employer for the past 7 years.

Company Name		Telephone No. (Area code first)
Address		Employed (month/year) From: _____ To: _____
Job Title	Supervisor	Salary/Wages Start: _____ Last: _____
Describe your duties:		Reason for leaving position:

Company Name		Telephone No. (Area code first)
Address		Employed (month/year) From: _____ To: _____
Job Title	Supervisor	Salary/Wages Start: _____ Last: _____
Describe your duties:		Reason for leaving position:

Company Name		Telephone No. (Area code first)
Address		Employed (month/year) From: _____ To: _____
Job Title	Supervisor	Salary/Wages Start: _____ Last: _____
Describe your duties:		Reason for leaving position:

Company Name		Telephone No. (Area code first)
Address		Employed (month/year) From: _____ To: _____
Job Title	Supervisor	Salary/Wages Start: _____ Last: _____
Describe your duties:		Reason for leaving position:



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KNOWLEDGE, SKILLS, AND ABILITIES:	
REFERENCES Please list below three (3) references that are not related to you. You may include previous employers.	

Name	Telephone Number (Area code first)
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Name	Telephone Number (Area code first)
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Name	Telephone Number (Area code first)
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S I G N A T U R E	<p>The information provided in the Application for Employment is true, correct and complete. My application will not be copied or returned to me. It is property of Fort Berthold Housing Authority for employment purposes only.</p> <p>I understand that if I fail to provide documentation required to establish; tribal membership status, DD-214 for Veteran preference, or documentation for any education. Other type of employment preference, preference will not be applied to the application.</p> <p>I am also hereby informed that no faxed applications will be accepted, and that no application received after the deadline will be considered. In addition, I understand that I must complete a new application for each position advertised, and my application will expire 90 days from the date received by Human Resource office.</p> <p>Date _____ Signature of Applicant _____</p>
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A copy of all degrees, diplomas, certificates of completion must be attached.

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If you answered yes to the Question "Have you ever been convicted of a felony crime or pled guilty or no contest to any crime?" please provide the following information for each such:

Date of Conviction	Criminal Charge or Conviction	Jurisdiction Charged/ Convicted	Sentence Imposed
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(Name of County/City/Federal/Tribe) (If charges were dismissed without conviction state as such)

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



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Authorization and Consent for Release of Information

Print Name	Position(s) applying		Primary Contract Ph#
Current Address		State	Zip Code
Secondary Contact Ph#			
Social Security Number	Date of Birth	Driver's License #	State Driver's License
Name of Tribal Enrolled (if applicable)		Agency where enrolled	

I hereby authorize the Fort Berthold Housing Authorities (FBHA), third party investigator to conduct an investigation into my background, to obtain any relevant information related to any criminal, educational and professional background information from individuals, educational institutions, employers, personal references, and criminal justice agencies.

I understand that the information received pursuant to this consent is for official use by Fort Berthold Housing Authority solely for the purpose of determining my suitability for employment with Fort Berthold Housing Authority.

I further understand and agree that any Back-Ground information is confidential and the FBHA agree not to disclose this information to any individual, agency or third party outside of the FBHA that does not have a need to know such information that is not authorized in writing by me.

Signature

Date

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