



MANDAN, HIDATSA, ARIKARA NATION

Human Resources Department
 404 Frontage Road, New Town, ND 58763
 PH: (701) 627-4781

APPLICATION FOR EMPLOYMENT

Applicant Name: _____

Date: _____

HR USE ONLY:

<u>Department</u>	<u>Position</u>	<u>Required Questionnaire</u>	<u>Close Date</u>	<u>HR Initials</u>
1.				
2.				
3.				
4.				
5.				

>> NOTE: ONLY ADVERTISED POSITIONS WILL BE ACCEPTED. <<

APPLICATION CHECKLIST OF MANDATORY ATTACHMENTS

All Required Documents need to be submitted with your application to make it complete.

Background Questionnaires pertinent to the position you are applying for can be found on the MHA Nation website, emailed by request, and picked up at the main Human Resources office.

HUMAN RESOURCES USE ONLY

- Two Forms of ID – Valid Driver’s License or State Issued ID, SS Card, Passport, Birth Certificate
- Indian Preference: CIB or Tribal ID
- Veterans Preference (if applicable): Form DD-214
- Proof of Highest Education (High School/ College Degrees/Transcripts, Certificates)
- Background Check – Questionnaire (Supplemental based on position)

You will be ranked only if you have a complete application submitted.

Applications must be submitted to the Human Resources department BEFORE the Deadline Date to be considered for employment. All Pre-employment conditions must be met, including having a drug test and a favorable background.

Applications are kept on file for six (6) months from the date HR accepts. If your application is over six (6) months, you will need to resubmit a new application with the required documents.

The Three Affiliated Tribes have a Covid-19 vaccination mandate with the option of medical or religious exemption.



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NAME: _____ HOME PHONE: _____ CELL PHONE: _____

MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EMAIL: _____

MUST provide a VALID Driver's License or State Issued ID with application (Photo ID Required)

INDIAN PREFERENCE: () TRIBE: _____ ENROLLMENT NUMBER: _____

Please provide proof of eligibility with this application (i.e., Tribal ID or CIB)

VETERAN PREFERENCE: () YES () NO

***Please provide a copy of your DD-214 with this application**

RECORD OF EDUCATION

***Please provide Copies of Degrees, Transcripts, and/or Certificates**

HIGH SCHOOL:

NAME: _____ ADDRESS: _____

YEARS COMPLETED 1 2 3 4 GRADUATED? YES NO ***Attach Diploma/GED**

COLLEGE:

NAME: _____ ADDRESS: _____

COURSE OF STUDY: _____ GRADUATED? YES NO DEGREE: _____

***Attach Degree/Official Transcript**

COLLEGE:

NAME: _____ ADDRESS: _____

COURSE OF STUDY: _____ GRADUATED? YES NO DEGREE: _____

***Attach Degree/Official Transcript**

VOCATIONAL TRAINING:

NAME: _____ ADDRESS: _____

COURSE OF STUDY: _____ GRADUATED? YES NO DEGREE: _____

***Attach Degree/Official Transcript**

Please list any other knowledge, skills, or abilities you feel may be helpful to us when reviewing your application:



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REFERENCES

***Please provide the Names of three (3) Individuals not related to you.**

NAME: _____ OCCUPATION: _____ PHONE: _____

NAME: _____ OCCUPATION: _____ PHONE: _____

NAME: _____ OCCUPATION: _____ PHONE: _____

EMERGENCY CONTACTS

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

PRIOR EMPLOYMENT HISTORY

***Please list your last three (3) employers beginning with the most recent. Do NOT write "See Resume"**

EMPLOYER 1: _____ PHONE: _____

EMPLOYER ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ DATES EMPLOYED: _____ RATE OF PAY: _____

REASON FOR LEAVING: _____

JOB DUTIES: _____

EMPLOYER 2: _____ PHONE: _____

EMPLOYER ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ DATES EMPLOYED: _____ RATE OF PAY: _____

REASON FOR LEAVING: _____

JOB DUTIES: _____

EMPLOYER 3: _____ PHONE: _____

EMPLOYER ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ DATES EMPLOYED: _____ RATE OF PAY: _____

REASON FOR LEAVING: _____

JOB DUTIES: _____



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MISCELLANEOUS

Is there anything that would prevent you from performing duties in a reasonable and safe manner in the position for which you are applying?

YES NO If YES, please explain: _____

Are you eligible to work in the United States? YES NO

Have you ever been convicted of a crime or felony that would prevent you from working for the MHA Nation?

YES NO If YES, please explain: _____

CERTIFICATION THAT MY ANSWERS ARE TRUE

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false, fraudulent, or misleading answer to any question or item on any part of this questionnaire or its attachments may be grounds for not hiring me, firing me after I begin work or immediate termination.

I certify that my responses to the above questions are made under penalty of perjury which, may be punishable by fine or imprisonment and that I have received notice that a national criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any national criminal history report made available to the Mandan, Hidatsa & Arikara Nation/Three Affiliated Tribes and my rights to challenge the accuracy and completeness of any information contained in the report.

Name: _____ Applicant's Signature: _____ Date: _____

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BACKGROUND INVESTIGATION AUTHORIZATION

I authorize any investigator, or other duly accredited representatives of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and national criminal history record information.

I further authorize any investigator, or other duly accredited representatives of the Mandan, Hidatsa, & Arikara Nation / Three Affiliated Tribes who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children.

I authorize custodians of records and other sources of information pertaining to me to release such information upon the request of the investigator or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the Mandan, Hidatsa, & Arikara Nation / Three Affiliated Tribes only for the purpose of determining my suitability for employment with the Mandan, Hidatsa, Arikara Nation / Three Affiliated Tribes.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Mandan, Hidatsa, & Arikara Nation / Three Affiliated Tribes, whichever is sooner.

All areas on this page must be filled in, or the application will be considered incomplete.

Signature (sign in black ink): _____ Date Signed: _____

Full Name: ↓

First: _____ Middle: _____ Last: _____

Aliases/Maiden: _____ Jr., III., Etc. _____

Date of Birth: _____ Social Security Number (SSN): _____

List where you have lived, beginning with your present address and working back 5 years.

Physical Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Driver's License Number: _____ State: _____

Tribe: _____ Enrollment Number: _____

Write Full Tribe, No abbreviations

Please list any other Tribe you have lived/worked within during the past five (5) years:

Tribe: _____ Tribe: _____ Tribe: _____