Mandan, Hidatsa & Arikara Nation

Three Affiliated Tribes • 404 Frontage Road New Town, ND 58763
Phone: 701-627-4118 • Fax: 701-627-2960

APPLICATION FOR EMPLOYMENT

Mandan, Hidatsa & Arikara Nation follows an Indian Preference Policy in accordance with 42 USC Sec. 2000e2 (I) and with our Personnel Policies and Procedures Handbook.

Position Applying for: _____ Program/Department: _____

Name: _____ Address: _____

Telephone: _____ Cell Phone: _____ Email: _____

Driver's License Number: _____ State: _____

Tribe: _____ Enrollment Number: _____ Check if applicable: ☐ Veteran

***Please provide 2 forms of ID (i.e. Driver's License, CIB, Tribal ID, Social Security Card)**

Is there anything that would prevent you from performing in a reasonable and safe manner in the position for which you are applying for? ☐ Yes ☐ No If Yes, please explain: _____

Do you have the legal right to work and remain in the United States? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, what was the legal outcome? _____

(i.e. Guilty, Not Guilty, Dismissed, etc.)

RECORD OF EDUCATION

High School:

Name: _____ Address: _____

Years Completed (i.e. 1,2,3,4): _____ Did you graduate? ☐ Yes ☐ No ***Attach Diploma/GED Certificate**

College:

Name: _____ Address: _____

Course of Study: _____ Did you graduate? ☐ Yes ☐ No Degree : _____

***Attach Degree/Official Transcript**

College:

Name: _____ Address: _____

Course of Study: _____ Did you graduate? ☐ Yes ☐ No Degree : _____

***Attach Degree/Official Transcript**

Vocational Training:

Name: _____ Address: _____

Course of Study: _____ Did you graduate? ☐ Yes ☐ No Degree : _____

***Attach Certificate**

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

_____

_____

***All required documents need to be submitted with application to make it complete.**

PRIOR EMPLOYMENT HISTORY

DO NOT WRITE "SEE RESUME"

Employer 1:

Employer: _____ Telephone: _____

Employer Address: _____ Supervisor: _____

Job Title: _____ Dates Employed: _____ Rate of Pay: _____

Reason for Leaving: _____

Job Duties: _____

_____

Employer 2:

Employer: _____ Telephone: _____

Employer Address: _____ Supervisor: _____

Job Title: _____ Dates Employed: _____ Rate of Pay: _____

Reason for Leaving: _____

Job Duties: _____

_____

Employer 3:

Employer: _____ Telephone: _____

Employer Address: _____ Supervisor: _____

Job Title: _____ Dates Employed: _____ Rate of Pay: _____

Reason for Leaving: _____

Job Duties: _____

_____

REFERENCES

Excluding Immediate Family Members

Name: _____ Occupation: _____ Telephone: _____

Name: _____ Occupation: _____ Telephone: _____

Name: _____ Occupation: _____ Telephone: _____

APPLICATION PROCESS

All required documents need to be submitted with your application to make it complete.

Application Checklist

- ☐ Application
- ☐ Two forms of ID (One form of Tribal Affiliation Preferred, CIB or Tribal ID)
- ☐ Copy of High School Diploma, Transcript or GED Certificate
- ☐ Copies of any College Degree, Transcript, or Certificates of Training (i.e. CDL, CNA)
- ☐ Veterans Preference (if applicable) - Form DD214
- ☐ Background Check - Public Trust, Child Care, Law Enforcement Questionnaire

You will be ranked only if you have a complete application. Applications will be active for a period of six (6) months. Once your application becomes inactive you will have to submit a new application.

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 or fraudulent 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.

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

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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AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any investigator, or other duly accredited representative 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 representative 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 understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon 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.

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

Name: _____ Aliases: _____

Address: _____

Position for which you are being Investigated: _____ Department: _____

Primary Contact Number: _____ Secondary Contact Number: _____

Date of Birth: _____ Driver's License Number: _____ State: _____

SSN: _____ Tribe: _____ Enrollment Number: _____