



Application for Employment

Application

Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes

Revised 2015

Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
11. Employment - List your employment activities beginning with the present and working back 7 years. The 7 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school." Include the month and the year in the dates for each employment activity listed.				
Month/Year	Month/Year	Employer Name	Phone Number	Position Title
1) _____	To _____			
Employer Street Address			City	State
				Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference	Telephone Number ()
For this employment, in the last seven (7) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)
Reason you left				

Month/Year	Month/Year	Employer Name	Phone Number	Position Title
2) _____	To _____			
Employer Street Address			City	State
				Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference	Telephone Number ()
For this employment, in the last seven (7) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)
Reason you left				

Month/Year	Month/Year	Employer Name	Phone Number	Position Title
3) _____	To _____			
Employer Street Address			City	State
				Zip Code
Supervisor's Name		Telephone number ()	Other Employer Reference	Telephone Number ()
For this employment, in the last seven (7) years have you/did you receive a written warning, been officially reprimanded, suspended or disciplined for misconduct in the workplace, such as a violation of policy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Provide the reason(s) for being warned, reprimanded, suspended or disciplined.				Date: (Month/Year)
Reason you left				

Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
12. Personal References – List 5 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 7 years. Try not to list relatives or anyone who is listed elsewhere on this application.				
1) Name		Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()
Home or Work Address		City		State Zip Code
2) Name		Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()
Home or Work Address		City		State Zip Code
3) Name		Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()
Home or Work Address		City		State Zip Code
4) Name		Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()
Home or Work Address		City		State Zip Code
5) Name		Dates Known Month/Year Month/Year To		Telephone Number <input type="checkbox"/> Work () <input type="checkbox"/> Cell () <input type="checkbox"/> Home ()
Home or Work Address		City		State Zip Code

Police Record

13. In the last 7 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00.)	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you been convicted by a military court-martial in the past 7 years?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you now under charges for any violation of law?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" for any of the above questions in this section, explain your answer(s) in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.

Month/Year	Offense	Action Taken	Arresting Law Enforcement /Military Agency	State	Zip Code

Questionnaire Continuation

Last Name	First Name	Middle Initial	Jr., II, etc.	Social Security Number
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Public Record Civil Court Actions

16. In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you answered "Yes" for any of the above questions in this section, provide the information requested below.

Incurred Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court

Financial Records

17. In the last 7 years, have you, or a company over which you exercised some control, filed under any chapter of the bankruptcy code or been declared bankrupt?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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18. In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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19. In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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20. In the last 7 years, have you had any judgments against you that have not been paid?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you answered "Yes", for any of the above questions in this section, provide the information requested below.

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Creditor or Oblige and/or Name of Court or Agency Handling Case

Financial Delinquencies

21. In the last 7 years, have you been over 180 days delinquent on any loan or financial obligation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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22. Have you ever been under investigation for embezzlement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you answered "Yes" for any of the above questions in this section, provide the appropriate information below.

Incurred Month/Year	Satisfied Month/Year	Amount Delinquent	Type of Action/ Type of Loan	Name/Address of Creditor or Oblige and/or Name of Court or Agency Handling Case

Questionnaire Continuation

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23. Use this space or a separate sheet to provide additional explanations or information to any questions you may have answered, "Yes" on this form. Ensure full name and social security number is on any attachments to this form.

It is noted, with reference to this questionnaire, that neither your truthful responses nor information derived from your responses to this questionnaire will be used as evidence against you in a subsequent criminal proceeding.

Certification that My Answers are True

My statements on this questionnaire, 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, or firing me after I begin work, and may be punishable by fine or imprisonment.

Applicant's/Consumer's initials Date

I certify that my responses to the above questions are made under penalty of perjury, which is 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 of the Three Affiliated Tribes and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's/Consumer's Signature

Printed Name

Date

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 of the 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 of the Three Affiliated Tribes only for the purpose of determining my suitability for employment with the Mandan, Hidatsa & Arikara Nation of the 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 seven (7) years from the date signed or upon the termination of my affiliation with the Mandan, Hidatsa & Arikara Nation of the Three Affiliated Tribes, whichever is sooner.

Signature (sign in black ink)	Printed Name			Date Signed
Position for Which you are being Investigated			Primary Contact Number	
Current Address	State	Zip Code	Secondary Contact Number ()	