

Standing Rock Sioux Tribe



Inyan Woslan Oyate

### APPLICATION FOR EMPLOYMENT

**ATTENTION:** Applicants are required to complete a separate application for each position applying for. Please type or print legibly all information requested. Failure to accurately complete this application may result in your being not considered due to incomplete or illegible information.

**IMPORTANT NOTE:** All applications and accompanying documents will become the property of the Standing Rock Sioux Tribe. It is the responsibility of the applicant to provide copies of required documents and applications for additional vacancies.

**THE HUMAN RESOURCE OFFICE WILL NOT REPRODUCE APPLICATIONS OR REQUIRED DOCUMENTS AT THE REQUEST OF THE APPLICANT.**

### CHECK LIST

\* In order to be considered for employment, applications must have the necessary documentation attached that is required of each position applied.

- HIGH SCHOOL DIPLOMA/GED CERTIFICATE
- COLLEGE DEGREE OR COPY OF OFFICIAL TRANSCRIPTS
- CERTIFICATES OF TRAINING/WORKSHOPS ATTENDED
- RESUME/PAST & PRESENT WORK EXPERIENCE
- THREE (3) CURRENT LETTERS OF REFERENCE
- DEGREE OF INDIAN BLOOD/INDIAN PREFERENCE FORM
- HONORABLE DISCHARGE CERTIFICATE/DD214 FORM
- VALID DRIVER'S LICENSE & PROOF OF INSURANCE  
(IF REQUIRED OF THE POSITION)

*Niktič'ičhiyapi ki Wówašečhuŋpi Uŋ patítaŋpi*  
*"Promoting Self-Sufficiency Through Employment"*

(PLEASE PRINT)  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Program: \_\_\_\_\_

**SECTION A. PERSONAL INFORMATION**

Full Name: _____				
	Last	First	Middle	
Other Names Used: _____				
	Please Specify	(Maiden)	(Other)	
DOB: _____		SSN: _____		
	(MM/DD/YYYY)			
Mailing Address: _____				
	Address	City	State	Zip
Physical Address: _____				
	Address	City	State	Zip
Phone Number: _____				
	Home	Work	Message	
Email Address: _____				
				example@domainname.com

**HUMAN RESOURCE OFFICE USE ONLY**

RECEIVED BY: \_\_\_\_\_

**SECTION B: CONTINUED INFORMATION**

Employment seeking: FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

Date you will be available for employment? \_\_\_\_\_  
(MM/DD/YY)

Are you currently employed with SRST? YES \_\_\_\_\_ NO \_\_\_\_\_

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Program	Job Title	Immediate Supervisor

Do you possess the following?

Valid Driver's License? YES \_\_\_\_\_ NO \_\_\_\_\_

State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Liability Insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Company Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been convicted of a crime involving a child, crime of violence, crime against person(s), crime against elderly, crime against disabled, drug related offense or financial related offense?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please explain:

\_\_\_\_\_

\_\_\_\_\_

"YES" answer does not automatically disqualify from employment, the nature of offense, date of offense and position for which applied will be taken into consideration.

**SECTION C. EDUCATION INFORMATION**

High School Attended or Name of GED Issuing Institution	Date High School Diploma or GED Received

**SECTION D. COLLEGE EDUCATION**

You are required to attach copies of Diploma, Degree, etc. in relation to the position you are applying for to be considered.

Vocational School, College, University Attended	Dates attended (optional) From: To:	Field of Study	Diploma/Degree Received

**SECTION E. EMPLOYMENT HISTORY**

Employer/ Supervisor Address & Phone Number	Employment Dates From: MM/YY To: MM/YY	Position/Title	Reason For Leaving

**SECTION F. KNOWLEDGE, SKILLS AND ABILITIES**

Provide information and attach documentation on related knowledge, skills and abilities related to position applying for. (Attach additional sheets, if needed.)

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**SECTION G. TRAINING/CERTIFICATE/LICENSE**

Training/Certificates must be applicable to the position applied for and applicant must submit documentation to receive credit. (Attach additional sheets, if needed.)

Certifying Agency	Type of Training/Certificate/License	Date Received

**SECTION H. REFERENCES**

Please list 3 references other than relatives, preferably past employers. (Applicant must provide 3 letters from the listed references to receive credit.)

Name & Title	Company Name & Address	Telephone No.	No. of Years Known

NOTE: Past employers and individuals named will be contacted to provide relevant information & opinions that may be useful in making a hiring decision.

**SECTION I. PREFERENCE CLAIMED**

**1. INDIAN PREFERENCE:**

Acceptable proof of verification includes an official signed enrollment document from Bureau of Indian Affairs Enrollment Office or other duly authorized official.

Are you claiming Indian Preference (Enrollment) from a federally recognized tribe?  YES _____ NO _____  Name of Tribe Enrolled: _____  Enrollment Number: _____  (Please Attach Verification)
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**2. VETERANS PREFERENCE:**

Acceptable proof includes an attached copy of a DD-214, Discharge Certificate or other official notification document from the Veterans Administration.

Are you claiming Veterans Preference?  YES _____ NO _____
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**3. HEAD START PREFERENCE:**

In accordance with Head Start Performance Standards, the SRST will provide preference to former and current parent(s) of a child/children participant of the Head Start Program. (This preference will only be applied for positions of the Head Start Program.)

Are you a former or current parent of a child/children participant of the Head Start Program?  YES _____ NO _____
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SECTION J. ADDITIONAL INFORMATION

Do any of your relatives work for the Program or Tribal Organization to which you are applying? (Include: father, mother, grandfather, grandmother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, son-in-law, daughter-in-law, father-in-law, mother-in-law, sister-in-law, brother-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister, significant other means a domestic partner or Hunka relative; adopted by Dakota/Lakota custom or traditional practice.)

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES" in the box below provide the Relative's Name, Relationship and the Program or Tribal Organization for which your relative works.

SECTION K. APPLICANT DATA RECORD (OPTIONAL)

Referral Source: (Radio Announcement, Job Service, Friend, Website or Other)

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Gender: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

U.S. Citizen: YES: \_\_\_\_\_ NO: \_\_\_\_\_

If "NO" do you have the legal right to work and remain in the United States?

YES: \_\_\_\_\_ NO: \_\_\_\_\_



**ATTENTION:** THE APPLICATION MUST BE SIGNED. READ THE FOLLOWING INFORMATION CAREFULLY AND THOROUGHLY BEFORE SIGNING.

### **AUTHORITY FOR RELEASE OF INFORMATION**

I, ATTEST THAT I HAVE PROVIDED INFORMATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY AND ALL ITEMS CONTAINED HEREIN WILL BE SUBJECT TO INVESTIGATION AND I HEREBY CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CHARACTER AND FITNESS BY EMPLOYERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES AND OTHER INDIVIDUALS AND AGENCIES TO DULY ACCREDITED INVESTIGATIONS, HUMAN RESOURCE DEPT. AND OTHER AUTHORIZED STAFF OF THE STANDING ROCK SIOUX TRIBE.

### **CERTIFICATION**

I, CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION CONTAINED IN THIS APPLICATION WILL BE GROUNDS FOR DENYING CONSIDERATION FOR EMPLOYMENT AND SHALL RESULT IN IMMEDIATE DISMISSAL IF DISCOVERED AT A LATER DATE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

Standing Rock Sioux Tribe  
Human Resource Department  
N. Standing Rock Ave., Bldg. #1  
P.O. Box D  
Fort Yates, ND 58538  
Phone (701) 854-3826\*Fax (701) 854-8533

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