

# TRIBAL ADMINISTRATION / OFFICE OF HUMAN RESOURCES SIDNEY A. TUTTLE, SR. HRD

Chairman: Alonzo Denney

**Vice-Chairman: Kameron Runnels** 

Treasurer: David Henry Secretary: Andrea McBride

<u>Hobu</u> Creek Dist. Rep.: Byron Tuttle Howe Creek Dist. Rep.: Carrie Rouillard



425 Frazier Ave. N. Suite 2 Niobrara, NE 68760-7219 Phone: (402) 857-2302 Fax: (402) 857-2367

Santee Dist. Rep.: Vietta Swalley Bazile Creek Dist. Rep.: Sandra Henry

### **Application for Employment**

| Name:Ph  | ione:                               |
|--|-------------------------------------|
| Mailing Address:                                     |                                     |
| City/State/Zip Code:                                 |                                     |
| Position Applied for:                                |                                     |
| Special Training or skills that would benefit you in | the job for which you are applying: |
|  |                                     |
| Would you accept Full Time or Part-Time? Full Tim    |                                     |
| On what date would you be available for work?        |                                     |
| Have you ever been employed here before? Yes:_       | No:Dates:                           |
| Do you have legal right to be employed in the U.S.   | ? Yes:No:                           |
| Are you a Santee Sioux Tribal Member? Yes:No         | :Enrollment Number:                 |
| Are you a member of another Native American Tril     | be? Yes: No:                        |
| Are you a spouse of an Enrolled Member of the Sa     | ntee Sioux Nation? Yes: No:         |
| Do you have a Valid Driver's License? Yes:           | No:                                 |
| If Yes, Driver's License Number:                     | Expiration Date:                    |
| Are you a veteran of the United States Military? Ye  | es: No:                             |

## **Educational Background**

| Grammer School:               |                        |     |
|-------------------------------|------------------------|-----|
| Name and Location:            |                        |     |
| Course of Study:              |                        |     |
| High School:                  |                        |     |
| Name and location:            |                        |     |
| Course of Study:              | Did you graduate? Yes: | No: |
| Degree of Diploma:            |                        |     |
| College:                      |                        |     |
| Name and location:            |                        |     |
| Course of study:              | Did you graduate? Yes: | No: |
| Degree or Diploma:            |                        |     |
| Graduate School:              |                        |     |
| Name and location:            |                        |     |
| Course of study:              | Did you graduate? Yes: | No: |
| Degree or Diploma:            |                        |     |
| Vocational or other Training: |                        |     |
| Name and location:            |                        |     |
| Course of study:              | Did you graduate? Yes: | No: |
| Degree or Diploma:            |                        |     |

## **Previous Employers:**

| 1.) Company Name:                    | Phone:          |
|--------------------------------------|-----------------|
| Contact Name:                        |                 |
| Address:                             |                 |
| Dates Employes From:                 |                 |
| Position:                            | Last Wage Rate: |
| Reason for leaving:                  |                 |
| 2.) Company Name:                    | Phone:          |
| Contact Name:                        |                 |
| Address:                             |                 |
| Dates Employes From:                 |                 |
| Position:                            | Last Wage Rate: |
| Reason for leaving:                  |                 |
| 3.) Company Name:                    | Phone:          |
| Contact Name:                        |                 |
| Address:                             |                 |
| Dates Employes From:                 |                 |
| Position:                            | Last Wage Rate: |
| Reason for leaving:                  |                 |
|                                      |                 |
|                                      |                 |
| <b>List two Personal References:</b> |                 |
| 1.) Name:                            | Phone:          |
| Relationship:                        |                 |
| Address:                             |                 |
| 2.) Name:                            |                 |
| Relationship:                        |                 |
| Address:                             |                 |

I certify that all information submitted by me on this application is true and complete, and I understand that if any information, omissions, or misrepresentation are discovered, my application may be rejected, or if I am employed, my employment may be terminated at any time. Per tribal Policy, you may have to submit a Drug test, and a Criminal Background Check.

Applications that are turned in uncompleted will not be considered.

| Applicant's Signature:_ |  | Date: |
|-------------------------|--|-------|
|-------------------------|--|-------|



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#### **Release of Information**

I the undersigned acknowledge that by my signature, I authorize the **Santee Sioux Nation** to obtain all Background Information related to my criminal and/or work history to be utilized by the programs for employment consideration.

| As:                      |                         |   |
|--------------------------|-------------------------|---|
| Full Name:               |                         |   |
| Date of Birth:           | Social Security Number: |   |
| Driver's License Number: | Expiration Date         | : |
| Any Other Names Used:    |                         |   |
| Current Address:         |                         |   |
|                          | _                       |   |
|                          |                         |   |
|                          |                         |   |
| Previous Address:        |                         |   |
|                          |                         |   |
|                          |                         |   |
|                          |                         |   |
| <br>Signature            |                         |   |



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#### Statement of Confidentiality

#### **Purpose:**

The primary purpose of confidentiality is to protect the interests of the Santee Sioux Nation and all its present, past, and potential employees.

While you are an employee of the Santee Sioux Nation in any capacity, you are not to gather or pass on to other people or agencies any information that may be detrimental to the Tribe or any person.

Mail or data marked Confidential or Personal is not to be read or opened by anyone other than the person whose name appears on the face.

If a concern of yours arises, please consult with your director or Immediate Supervisor. If an incident occurs and is reported to Human Resource Department it may be investigated to determine its validity. The Human Resource Department will take appropriate action.

Rumors create unneeded and unnecessary problems. Let's respect each other and work together.

• I have read and fully understand the Confidentiality Statement.

| Signed: |                | Date: |  |
|---------|----------------|-------|--|
|         | Employees Name |       |  |
| Signed: |                | Date: |  |
| · ·     |                |       |  |

**Human Resources Director**