

# *Santee Sioux Nation*

OFFICE OF HUMAN RESOURCES  
SIDNEY A. TUTTLE, SR. HRD

Chairman: Alonzo Denney  
Vice-Chairman: Kameron Runnels  
Treasurer: David Henry  
Secretary: Andrea McBride



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

## NEW EMPLOYEE/APPLICANT INSTRUCTIONS

---

Dear New Applicant/Employee,

When you are completed with your application or employment packet, please be sure to attach the following documents for a complete file.

- i. Driver's License
- ii. Tribal Identification (or; Birth Certificate, Social Security Card)
- iii. Credentials
- iv. Resume
- v. Completed Job Application

Thank you, and should you have any questions, comments or concerns, please feel free to contact me directly at (402)857-2302 or email: [Sidney.tuttle@ssndakota.com](mailto:Sidney.tuttle@ssndakota.com).

### APPLICATION INSTRUCTIONS:

\*\*YOU MAY PICK UP AN APPLICATION AT ANY TRIBAL PROGRAM OR AT THE TRIBAL ADMINISTRATION BUILDING, DAVID FRAZIER BUILDING.

\*\*ONLINE: YOU CAN GO TO [WWW.SANTEESIOUXNATION.COM](http://WWW.SANTEESIOUXNATION.COM) AND DOWNLOAD AN APPLICATION.

### APPLICATION PROCEDURES:

- \*2 forms of identification
- \*Current working contact number
- \*Completed application (partially completed not accepted)

Submit applications and resumes to the following address:

Santee Sioux Nation, Office of Human Resources  
Attention: Sidney A. Tuttle, Sr., HRD  
425 Frazier Ave. N. Suite 2  
Niobrara, NE 68760-7219

**APPLICATION FOR EMPLOYMENT**

**SANTEE SIOUX NATION**

**425 FRAZIER AVE. N. SUITE 2,**

**NIOBRARA, NE, 68760**

**PHONE: (402) 857- 2302**

**FAX: (402) 857-2367**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Position Applied for:** \_\_\_\_\_

**Special Trainings or skills that would benefit you in the job for which you are applying:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Would you accept Full-Time or Part-Time? Please circle one.**

**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 Tribe? Yes:\_\_\_\_\_ No:\_\_\_\_\_**

**Are you a spouse of an Enrolled Member of the Santee 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? Yes:\_\_\_\_\_ No:\_\_\_\_\_**

**Educational Background**

**Grammar School:**

**Name and Location:** \_\_\_\_\_

**Course of Study:** \_\_\_\_\_

**High School:**

**Name and Location:** \_\_\_\_\_

**Course of Study:** \_\_\_\_\_ **Did you graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Degree od 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 Employed From: \_\_\_\_\_  
Position: \_\_\_\_\_ Last wage rate: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
- 2.) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Employed From: \_\_\_\_\_  
Position: \_\_\_\_\_ Last wage rate: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
- 3.) Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates Employed From: \_\_\_\_\_  
Position: \_\_\_\_\_ Last wage rate: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**List Two Personal References:**

- 1.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2.) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

**I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations 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.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Santee Sioux Tribe

OF

## NEBRASKA

---

### STATEMENT OF CONFIDENTIALITY

**PURPOSE:**

The primary purpose of the confidentiality statement is to protect the interests of the Santee Sioux Nation and all of 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 the Human Resource Department it may be investigated to determine its validity. The Human Resource Department will take appropriate action.

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

- *I have read and fully understood the Confidentiality Statement.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Name

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Human Resource Director