

# Fort Belknap Indian Community

## Employment Application

Fort Belknap Agency  
 656 Agency Main Street  
 Harlem, Montana 59526  
 Telephone: (406)353-2205 Fax: (406)353-4150

This application form must be used to apply for jobs with the FORT BELKNAP INDIAN COMMUNITY. Keep a copy of your application for your own records. Please read the following instructions. You will not be considered for a job if your application is incomplete.

### INSTRUCTIONS

1. Read the instructions if you believe you are qualified, fill out the application by typing or printing in ink neatly.
2. Each job announcement lists the classification title and location of the position. Please show these on the application in the space provided.
3. Applications that do not include ALL supporting documentation or those that are not signed and dated will be considered incomplete.
4. All Employees of fort Belknap Indian Community are subject to Drug Testing in accordance with the existing Drug Policy.
5. When applying for a Police Officer position with Law Enforcement, you must undergo a thorough back ground investigation, pass a physical and psychological evaluation, complete specialized training and otherwise comply with the specialized requirements of the department. All Positions in Law Enforcement, courts and related agencies require those holding those positions to be free from any felony convictions in their life time and be free from any misdemeanor convictions for one year and have no pending charges.

Please provide the following in the check list below:

	<b>Resume</b>
	<b>Letter(s) of reference</b>
	<b>Training Records</b>
	<b>Proof of Armed Services (Attach DD 214)</b>
	<b>Academic Transcripts</b>
	<b>Proof of Tribal Enrollment</b>
	<b>Copy of Valid Montana Drivers License</b>
	<b>Application &amp; Release of Information is signed and dated</b>

**ALL INFORMATION AND DOCUMENTATION MUST BE SUBMITTED TO THE PERSONNEL OFFICE BEFORE THE CLOSE OF BUSINESS ON THE CLOSING DATE. FAILURE TO ANSWER ALL QUESTIONS SHALL DISQUALIFY AN APPLICATION FOR CONSIDERATION. SHOULD QUESTIONS ARISE ABOUT COMPLETION OF THE APPLICATION, CONTACT A PERSONNEL OFFICE REPRESENTATIVE AT 406-353-2205 EXT. 8439**

# Fort Belknap Indian Community

Home of the Assiniboine and Gros-Ventre Nation

## Employment Application

POSITION APPLYING FOR: \_\_\_\_\_

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

SSN: \_\_\_\_\_ DOB(Optional) \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Enrollment Number: \_\_\_\_\_ Tribe: \_\_\_\_\_  
(Certificate of Indian Blood must be attached)

### FEDERAL REGULATIONS: Are you authorized to work in the United States?

\_\_\_\_\_ The Federal Immigration Reform and Control Act requires an individual to provide to an employer, documentation that they are authorized to work in the United States. The proof must be provided to, and verified by, hiring authority by the time of hire or no later than three business days after the hire.

### EDUCATION:

High School: \_\_\_\_\_ Date Of Graduation: \_\_\_\_\_

GED Certificate: \_\_\_\_\_ Date of Certificate: \_\_\_\_\_

### Colleges, Nursing, Military, Trades, Business, Vo-Tech, Job Corp, Other Schools Attended:

NAMES OF SCHOOL/LOCATION

COURSE OF STUDY

DEGREE

NAMES OF SCHOOL/LOCATION	COURSE OF STUDY	DEGREE

**OFFICE SKILLS, COMPUTERS**

Can you type? \_\_\_\_\_ Typing Speed: \_\_\_\_\_

Describe your proficiency with Office equipment such as: calculators, copying machines, fax machines, phone etiquette, transferring calls, filing systems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify the types of computers with which you have experience, length of experience and types of programs with which you have experience:

Type of Computer	Length of Experience	Type of Programs Used

**KNOWLEDGE, SKILLS AND ABILITIES RELEVANT TO THE POSITION APPLYING FOR:**


**LIST SPECIAL SKILLS:**


**MEDICAL CONDITION:** Have you ever suffered any illness or injury that would require special consideration to enable you to perform the duties of this position? If so, please explain.


Have you ever filed and/or received Worker's Compensation Benefits because of a work related injury or Occupational disease? \_\_\_\_\_.

Dates Benefits were received	Degree of the Disability	Agency Providing Benefits	Released for work	Physician(s)

Please identify your treating physician(s), and execute medical release(s) for contacting your Doctor:

**LICENSES/CERTIFICATES**

List Driver's License and other Licenses and/or Certificates required by the job announcements or otherwise needed (Copies must be attached)

Title of License/Certificate	Number of Issuing Agency	Expiration Date

**WORK EXPERIENCE:**

Describe all work experience that may relate to the position in which you are applying for and to meet the requirements for the position as specified in the recruiting announcement. Include related unpaid and volunteer work. Use additional sheet if necessary.

Present or Last Employer	Job Title
Name of Supervisor:	Telephone:
Address:	
Start Date (mo/yr)	End Date (mo/yr)
Duties:	

Present or Last Employer	Job Title
Name of Supervisor:	Telephone:
Address:	
Start Date (mo/yr)	End Date(mo/yr)
<b>Duties:</b>	

Present or Last Employer	Job Title
Name of Supervisor:	Telephone:
Address:	
Start Date (mo/yr)	End Date(mo/yr)
<b>Duties:</b>	

Present or Last Employer	Job Title
Name of Supervisor:	Telephone:
Address:	
Start Date (mo/yr)	End Date(mo/yr)
<b>Duties:</b>	

Please attach additional information of previous Employers if you wish them to be considered. By listing these employers, you are authorizing the Fort Belknap Indian Community to contact these Employers or their representatives. Your release of information, executed herewith, together with your listing of said Employer herein, expressly waives any right to privacy thereto. If you do not want them contacted, please do not list them.

**SPECIAL CONDITIONS**

Have you ever been convicted of a felony? \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been charged and/or convicted of a misdemeanor in the last year?

\_\_\_\_\_

\_\_\_\_\_

Do you currently have any pending charges in any court? \_\_\_\_\_ Explain Circumstances Outcome

\_\_\_\_\_

\_\_\_\_\_

Have you ever been investigated for a report of child abuse/neglect? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain the circumstances/outcome:

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE RECORD**

HAVE YOU SERVED IN THE UNITED STATES MILITARY SERVICE? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of Service	Dates:	to
Type of Discharge?	Explain:	
Are you claiming Veterans Preference? Yes _____ No _____ Must Attach DD 214		

**REFERENCES:**

Identify three references that may be contacted regarding your character and work history

Name	Address:	Phone:

**IN CASE OF ACCIDENT OR EMERGENCY PLEASE NOTIFY:**

<b>Name:</b>	<b>Telephone:</b>
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I certify and affirm that I have read this notice and fully understand its contents. I personally completed this application or requested its completion, and all statements contained herein are true and complete.

**NOTICE:** Any oral or written statement that is false, fraudulent or misleading contained in this application or made in the course of any related employment process whether made by me or others at my request will result in rejection of my application of my application, denial of employment, dismissal from service if discovered after employment and in many circumstances prosecution for a crime. Crime conviction and driving records will be checked if, in the judgment of the Council, such are relevant to the position for which this application is made, and maybe grounds for rejection or termination of employment.

<b>Applicant's Signature</b>	<b>Date</b>
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<b>Application Received By</b>	<b>Date</b>
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**RELEASE OF INFORMATION**

I, \_\_\_\_\_ have made a written application for employment with the Fort Belknap Indian Community. The Position that I am applying for is:

I understand that any information that I have given on my application may be investigated as allowed by law or Presidential Order.

I also give my consent to release information concerning my ability, fitness and character for employment. This information may be released by employers, schools, law enforcement agencies (tribal and state), and other individuals or organizations to investigator, personnel staffing specialists and other authorized employees of the Fort Belknap Indian Community.

I certify that to the best of my knowledge and belief, all of the statements made on and with my application are true, correct, and complete and made in good faith.

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**Signature of Applicant**

**Date**