

Fort Belknap Indian Community Employment Application

Fort Belknap Agency
656 Agency Main Street
Harlem, Montana 59526

Telephone: (406)353-2205 Fax: (406)353-4150 Email: human.resources@ftbelknap.org

This application 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 position with the FBIC if your application is incomplete. All applications must be submitted before close of business day listed on FBIC Vacancy List. Submitting an application for employment does not automatically guarantee employment.

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 the Fort Belknap Indian Community are subject to Drug Testing in accordance with the existing drug policy.
5. When applying for a position with the Fort Belknap Indian Community you must undergo a thorough background investigation.

Please provide the following documents listed below:

	Resume
	Letter(s) of reference
	Academic Transcripts
	Proof of Tribal Enrollment
	Copy of valid Montana Driver's License
	Proof of Armed Services (attach DD 214)
	Application & Release of Information signed and dated

Fort Belknap Indian Community

Home of the Aaniiih and Nakoda Nations

Employment Application

Position applying for: _____

Name: _____

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____

Contact Information:

Cell: _____ Home: _____ Work: _____

Email: _____ May we attempt to reach you at this email? Yes/No

Enrollment Number: _____ Tribe: _____

(Certificate of Indian Blood must be attached)

Have you served in a leadership position for the FBIC as a council member? **Yes/No**

If yes, Elected Seat: _____ Term Years Served: _____

Federal Regulations: Are you authorized to work in the United States? **Yes/No**

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 not later than three business days after the hire.

EDUCATION:

High School: _____ Date of Graduation: _____

GED Certificate: _____ Date of Certificate: _____

Colleges, Nursing, Military, Trades, Businesses, Vo-Tech, Job Corp, other schools attended:

Name of School/Location	Course of Study	Degree

OFFICE SKILLS/COMPUTERS:

Identify the types of computer software with which you have experience and length of experience:

Type of Computer	Length of Experience	Type of Programs Used

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

LIST SPECIAL SKILLS:

LICENSES/CERTIFICATES:

List Driver's License and other License 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.

Present or Last Employer:	Job Title:
Name of Supervisor:	Telephone:
Address:	
Start Date: (Month/Year)	End Date: (Month/Year)
Duties:	
Reason for Leaving:	

Present or Last Employer:	Job Title:
Name of Supervisor:	Telephone:
Address:	
Start Date: (Month/Year)	End Date: (Month/Year)
Duties:	
Reason for Leaving:	

Present or Last Employer:	Job Title:
Name of Supervisor:	Telephone:
Address:	
Start Date: (Month/Year)	End Date: (Month/Year)
Duties:	
Reason for Leaving:	

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? Yes ___ No ___ Explain:

Have you ever been investigated for a report of child abuse/neglect? Yes ____ No ____
Explain the circumstances/outcome:
Do you have an outstanding Order of Protection from any jurisdiction? If so, please explain. Are you required to register with SORNA Office from any jurisdiction? If so, please explain.

MILITARY SERVICE RECORD:

HAVE YOU SERVED IN THE UNITED STATES MILITARY? Yes ____ No ____

Branch of Service	Dates:	To:
Type of Discharge?	Explain:	
Are you claiming Veterans Preference? Yes/No	Must Attach DD214	

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:

Name:	Telephone:
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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, denial of employment, dismissal from service if discovered after employment and in many circumstances prosecution for a crime will be cause for termination. Crime conviction and driving records will be checked and maybe grounds for rejection or termination of employment.

Applicant Signature:	Date:
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Application Received By:	Date:
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FORT BELKNAP INDIAN COMMUNITY

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 & State), and other individuals or organizations to investigator, personnel staffing specialist and other authorized employees of the Fort Belknap Indian Community.

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

Signature of Applicant

Date