

# Fort Belknap Insurance Company

P.O. Box 146, Harlem, MT 59526

## Employment Application

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

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

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? \_\_\_\_ 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 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


### 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	Date Issued

**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)
Duties:	

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)
Duties:	

Please attach additional information of previous Employers if you wish them to be considered. By listing these employers, you are authorizing the Fort Belknap Insurance Company 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:**

Name:	Telephone
Name:	Telephone

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 Insurance Company, such are relevant to the position for which this application is made, and may be grounds for rejection or termination of employment.

Applicant's Signature	Date
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Application Received By	Date
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### RELEASE OF INFORMATION

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

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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, FBIC, and other authorized employees of the Fort Belknap Insurance Company.

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.

Signature of Applicant	Date
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## RELEASE OF CONFIDENTIAL INFORMATION FORM

Release of Confidential Information Authorization to the Fort Belknap Insurance Company to obtain personal/medical information for the purpose of processing a claim.

Claimant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

I authorize the Individual, Company, or Agency shown below to disclose the **FORT BELKNAP INSURANCE COMPANY**, the information specified below which relates to my obtaining a claim for Insurance Benefits. I understand that any information obtained will be kept in strict confidence and will be used only for purposes directly related to the decision of obtaining benefits. I further understand that any information obtained may be released to a proper government/tribal agency or court of Law for the purpose of legal and investigative actions concerning fraud.

**INFORMATION SOURCE:** Employers, Doctors, Hospitals, Employees, Third Parties Fort Belknap Indian Community, Law Enforcement, Federal, State, County and Tribal incarceration and Tribal Courts.

**INFORMATION REQUESTED:** Medical Reports, Payroll reports, Contract for services and incarceration data.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

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### NOTARY PUBLIC

State of : \_\_\_\_\_)

SS : \_\_\_\_\_)

County of : \_\_\_\_\_)

BE IT REMEMBERED, that on the \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_, I the undersigned, a NOTARY PUBLIC, in and for the State and County aforementioned, did personally appear before me, \_\_\_\_\_, and is personally known to me to be the identical person who executed the within instrument of writing.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal on the day and year last hereinabove written.

SEAL

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

My Commission Expires: \_\_\_\_\_