

# Fort Belknap Indian Community Employment Application

Fort Belknap Human Resources Department  
656 Agency Main Street  
Harlem, MT 59526

Telephone Main: (406)353-2205 HR Office: (406)353-8489 Fax: (406)353-4150

Email: [human.resources@ftbelknap.org](mailto:human.resources@ftbelknap.org) Website: <http://www.ftbelknap.org/>

This application must be used to apply for jobs with the Fort Belknap Indian Community. You are encouraged to keep a copy of your application for your own records. 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 on the date posted to the FBIC Job Vacancy List. Submitting an application for employment **DOES NOT** automatically guarantee employment. All applications must have all supporting documents attached to this application in order to be considered for employment; required documents are listed below as well as optional supporting documents. Submitting supporting documentation with your application will greatly increase your chances of being selected for the position that you are applying for

Please read the following instructions:

### INSTRUCTIONS:

1. Read the job description and if you believe you are qualified for the position, fill out the application by typing or printing in ink clearly and neatly.
2. Each job announcement lists the classification title and location of the position. Please write this information on the application in the space provided.
3. Applications that do not have **ALL** supporting documentation attached or applications that are not signed and dated **WILL NOT** be considered for employment and may not be accepted by the Human Resources Department.
4. All potential employees/applicants for the Fort Belknap Indian Community will be subject to Pre-Employment Drug Testing in accordance with FBIC Policy.
5. When selected for a position with the Fort Belknap Indian Community you will need to complete and submit to a Background Investigation. Background designations include Child Care; Non-Sensitive or Law Enforcement, this will depend on the job position that you applied/selected for.

### Please provide the following documents listed below:

Optional	Resume
Optional	Letter(s) of Reference (Must be signed & dated within one (1) year of application)
Required	Academic Transcripts or Diploma (If you are claiming education)
Required	Proof of Tribal Enrollment (CIB or Tribal ID)
Required	Copy of VALID Montana Drivers License (If required by position applying for)
Required	Proof of Armed Services/DD-214 (If you are claiming VETERAN status)
Required	Copy of Montana State ID or Tribal ID (If no copy of drivers license provided)
Required	FBIC Job Application & Release of Information signed and dated

# Fort Belknap Indian Community

Home of the Aaniiih and Nakoda Nations

## Employment Application

Position Applying For: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
FIRST MI LAST

Social Security No: \_\_\_\_\_ - - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO BOX/STREET ADDRESS CITY STATE ZIP CODE

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ May we contact you at this email? **YES NO**

Tribal Enrollment No: \_\_\_\_\_ Tribe Name: \_\_\_\_\_  
CERTIFICATE OF INDIAN BLOOD OR TRIBAL ID 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. This proof must be provided to, and verified by, hiring authority by the time of hire or not later than three (3) business days after hire.

### Education:

High School: \_\_\_\_\_ Mo/Year Graduated: \_\_\_\_\_

GED/HiSet Certificate: \_\_\_\_\_ Certificate Date: \_\_\_\_\_

College, Nursing, Military, Trades, Business, Vo-Tech, Job Corps, Any Other Schools Attended:

Name of School/Location	Course of Study	Degree

**Office & Computer Experience:**

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

Computer Software/Office Experience	Length of Experience	Types of Programs Used

**Knowledge, Skills & Abilities Relevant to the Position You Are Applying for:**

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**List Special Skills/Experience:**

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**Licenses/Certificates:** List Driver's license & other license and/or Certificates required by the job announcement or otherwise needed. (Copies Must Be Attached)

Title of License/Certificate	License/Certificate No.	Issue & Expiration Date

**Work Experience:** Describing any 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 position announcement. Include your most recent employer and any unpaid/volunteer work.

Current or Previous Employer Company Name:	Job Title:
Name of Supervisor:	Phone Number:
Start Date: (Month/Year)	End Date: (Month/Year)

Address: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP

Job Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer Company Name:	Job Title:
Name of Supervisor:	Phone Number:
Start Date: (Month Year)	End Date: (Month Year)

Address: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP

Job Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer Company Name:	Job Title:
Name of Supervisor:	Phone Number:
Start Date: (Month/Year)	End Date: (Month/Year)

Address: \_\_\_\_\_  
STREET/PO BOX CITY STATE ZIP

Job Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Please attach any additional information of previous employers that you feel may be relevant if you wish for 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(s) herein, expressly waives any right to privacy thereto. If you do not want them contacted, please DO NOT list them.

**Special Conditions:** (Circle answer & explain if necessary)

Have you ever been convicted of a **FELONY**? **YES** **NO** If **YES**, please explain what happened below; include charge(s), date convicted and jurisdiction of charges including Federal:

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Have you been charged with and/or convicted of any misdemeanor(s) in the last 12 months?

**YES** **NO** If **YES**, please explain what happened; include charge(s), date charged or convicted and jurisdiction of charges:

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Have you been convicted of **ANY** misdemeanor(s) in the past five (5) years? **YES** **NO**  
If **YES**, please explain what happened; include charge(s), date convicted and jurisdiction:

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Do you currently have **ANY** pending charges in any court jurisdiction? **YES** **NO**

If **YES**, please explain what happened; include charge(s), date charged and jurisdiction charges originated from:

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Have you ever been investigated for a report of child abuse/neglect? **YES** **NO**

If **YES**, please explain the circumstances/outcome:

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Do you have an outstanding Order of Protection from any jurisdiction? **YES** **NO**

Are you required to register with the SORNA/Sex Offender Registry? **YES** **NO**

If you answered YES to either or both of the questions above, please explain; include the jurisdiction of the court/office and circumstances: \_\_\_\_\_

**Military Service Record:**

Have you ever served in the United States Military? **YES** **NO**

\_\_\_\_\_ to \_\_\_\_\_  
BRANCH OF SERVICE DATE: MONTH/YEAR MONTH/YEAR

Are you claiming Veterans Preference? **YES** **NO**  
TYPE OF DISCHARGE

**Personal References:** Please list three (3) personal references that may be contacted regarding your character and work history; these references **CAN NOT** be relatives:

Name	Mailing Address	Phone Number

**In Case of Accident or Emergency Please List an Emergency Contact:**

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

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 any circumstances persecution for a crime will be cause for termination. Crime conviction and driving records will be checked and may be grounds for rejection or termination of employment.

<b>Applicant Signature:</b>	<b>Date:</b>
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<b>Application Received By:</b>	<b>Date:</b>
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# FORT BELKNAP INDIAN COMMUNITY

## Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date it in ink.

I **Authorize** any investigator, special agent, or other duly accredited representative of the agency conducting my employment investigation or as part of ongoing evaluation for eligibility for a job position, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, consumer reporting agencies, or other sources of information. This information may include, but is not limited to current and historic academic, residential, achievement, performance, attendance, disciplinary, employment, motor vehicle records, national criminal history record information and publicly available social media information. I authorize the **Fort Belknap Indian Community (FBIC)** who is conducting my investigation for the purpose of making a determination of suitability.

I **Understand** that, for these purposes, publicly available social media information includes any electronic social media information that has been published or broadcast for public consumption, is available on request to the public, is accessed on-line to the public, is available to the public by subscription or purchase, or is lawfully accessible to the public. I further understand that this authorization does not require me to provide passwords; log into a private account; or take any action that would disclose non-publicly available social media information.

I **Understand** that, for former employers, motor vehicle departments, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

I **Authorize** any investigator, special agent, or other duly accredited representative of the **FBIC**, who is conducting my employment investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility to work for **FBIC**. I understand that I may request a copy of such records as may be available to me under the law.

I **Authorize** the custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I **Understand** that the information released by record custodians and sources of information is for official use by the **FBIC**, only for the purpose of determining my suitability for employment with the **FBIC**.

Photocopies of this authorization with my signature are valid. The authorization shall remain in effect so long as I occupy a position with **FBIC**.

Signature (sign in black ink)	Full Name	Date (mm/dd/yyyy)		
Other Names Used				
Current Street Address & City	State	Zip Code	Phone Number	