

Submit the following for a **COMPLETE APPLICATION**:

- APPLICATION
- RESUME
- COPY OF DEGREE (IF APPLICABLE)
- COLLEGE TRANSCRIPTS
- LETTER OF INTEREST
- DD 214 (IF APPLICABLE)
- CIB (IF APPLICABLE)
- THREE REFERENCES WITH PHONE NUMBER AND ADDRESSES FOR CONTACT TO:

Josh Seaton, Human Resources, Chippewa Cree Tribe, 96 Clinic RD, Box Elder, MT 59521
Telephone: 406-395-5705 ext. 2018

**** Applications PROPERLY COMPLETED and received on or before said closing date will be considered for the position advertised. ****

Application received by: _____

Date _____

APPLICATION FOR EMPLOYMENT

CHIPPEWA CREE TRIBE

96 Clinic Rd

Box Elder, MT 59521

(406) 395-4478/5705

FOR TRIBAL OFFICE USE ONLY

Date of
application _____

Interviewed
by _____

Rejection letter
sent _____

Position hired
for _____

Location of
work _____

Hours _____ Salary _____

Date of
hire _____

Supervisor _____

P
E
R
S
O
N
A
L

Position applying for _____

Date _____ Home Telephone _____ Business or Cell Telephone _____ Social Security Number _____

Last name _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip _____

Are you available for full-time work? ☐ Yes ☐ No Are you the legal age to work? ☐ Yes ☐ No

If not, what hours can you work? _____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

When will be eligible to begin work? _____

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of years completed	Did you Graduate?	Degree or Diploma	No. of Credits
	Graduate				() Yes		
					() No		
	College				() Yes		
					() No		
	Business Trade Technical				() Yes		
					() No		
	High School				() Yes		
					() No		

EMPLOYMENT

Company Name	Dates employed (month/ day/ year)	Telephone
Address	Hours worked per week	Number of employees you supervised
Name of Supervisor	Exact title of your job	Salary or earnings Starting \$ per Ending \$ per

Description of work: _____

Reason for leaving _____

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact

Employer Number (s) _____ Reason _____

EMPLOYMENT

Company Name	Dates employed (month, day /year)	Telephone
Address	Hours worked per week	Number of employees you supervised

Name of Supervisor	Exact title of your job	Salary or earnings Starting \$ per Ending \$ per
Description of work:		
Reason for leaving		
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Address	Hours worked per week	Number of employees You supervised
Name of Supervisor	Exact Title of your job	Salary or earnings Starting \$ per Ending \$ per
Description of work:		
Reason for leaving		
We may contact the employers listed Above unless you indicate those you do not want us to contact.	Do Not Contact Employer Number(s) Reason	
YOU MUST ANSWER QUESTIONS MARKED IN THIS SECTION		
<p>If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, with limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1954 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age and citizenship. The law in most states also prohibits some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.</p>		
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right;">_____ Years</div>
		<input checked="" type="checkbox"/> Are you over 18 years of age? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes what employers?	

<input checked="" type="checkbox"/>	<p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you had a misdemeanor within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No three years <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been convicted of a violent crime, example assault: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe in full.</p>	
<input checked="" type="checkbox"/>	<p>Do you currently have a pending lawsuit against the Chippewa Cree Tribe or any Tribal entities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain.</p>	
<input checked="" type="checkbox"/>	<p>Do you have any physical devices which prevent you from performing certain jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe limitations.</p>	
<input checked="" type="checkbox"/>	<p>Do you have any physical conditions that might limit your ability to perform the job for which you are applying?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe this condition and how you can perform the job in spite of it.</p>	
<input checked="" type="checkbox"/>	<p>Tribal Member Preference Enrolled At: _____</p> <p> Enrollment #: _____</p>	
<p>The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to continue to employ me in the future.</p> <p>If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request the name of the agency so I may obtain from them the nature and substance of the information contained in the report.</p>		
<p>Date: _____ Signature: _____</p>		

The Chippewa Cree Tribe of the Rocky Boy's Reservation

CHIPPEWA CREE TRIBE HUMAN RESOURCES DEPARTMENT

Telephone (406) 395-4478/5705
Extension 2018 (Josh)

96 Clinic Rd
Box Elder, MT 59521

BACKGROUND INVESTIGATION RELEASE FORM

I, hereby authorize the Chippewa Cree Tribe and/or entities it authorizes on its behalf to conduct a background investigation on me. This background investigation is necessary for employment purposes due to the position that I have applied for.

Printed Name

Signature

Maiden Name or Also Known As

Also Known As

Date of Birth

Social Security Number

Current Address

Previous Address

Previous Address

Previous Address

/s/ Josh Seafon, Human Resources Dept.