



# Spirit Lake Tribe

## EMPLOYMENT APPLICATION

Spirit Lake Tribe  
 Human Resource Department  
 PO Box 97  
 Fort Totten, ND 58335  
 Phone: 701.381.0204  
 Fax: 701.766.1272  
[BritneyR@spiritlakenation.com](mailto:BritneyR@spiritlakenation.com)

*Applications are considered for all positions without regard to race religion, sex, national origin, marital status, family status or veteran status, or the presence of a non-related condition or handicap.*

APPLICANT INFORMATION				
Last Name		First	M.I.	Today's Date:
Other Names Used			D.O.B.:	
Mailing Address				Apt./Unit #
City		State	Zip Code	
Physical Address				Apt./Unit #
City		State	Zip Code	
Phone Number		E-Mail Address		
Date Available		SSN	Desired Salary	
Position Applied For				
Do you have a Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driver's License Number: _____ State: _____
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U. S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____ Date: _____
Are you a member of a federally recognized tribe?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name of Tribe: _____
Do you have a medical disability which would require resource accommodation on the job?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list accommodation required: _____

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

<b>MILITARY SERVICE</b>		
Branch	From	To
Rank at discharge	Type of discharge	
If other than honorable, explain		

<b>REFERENCES</b>	
Full Name	Relationship
Company	Phone Number
Address	
Full Name	Relationship
Company	Phone Number
Address	
Full Name	Relationship
Company	Phone Number
Address	

<b>PREVIOUS EMPLOYMENT</b>		
Company	Phone Number	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone Number	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary
Responsibilities		
From	To	Reason for leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

**Background Information**

1. Have you ever been fired from any job for any reason?  If YES, use item 5 to provide the date, an explanation of the problem, reason for leaving, and the employers name and address	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you ever quit a job after being told that you would be fired, or did you leave a job by mutual agreement because of specific problems?  If YES, use item 5 to provide the date, an explanation of the problem, reason for leaving, and the employers name and address	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you ever been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Including all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). Leave out traffic fines of less than \$150.00.  If YES, use item 5 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Are you under charges for any violation of law?  If YES, use item 5 to provide the date, explanation of violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.		

## Review of Application

Please review the following checklist before signing your application. Check all that may apply. *Failure to submit a complete application will result in a determination that your application is incomplete and it will not be considered.* Take a moment to review your application and make sure you have attached all pertinent documents.

- Have you answered all the questions and filled in all the information requested in the application that you are submitting (i.e., all months and years filled out for years in current and previous positions)?
  - Is a copy of your high school diploma or GED attached to the application if the job announcement is asking for these documents?
  - Is a copy of your official/final college transcripts for positions that have positive education requirements or if you are substituting education for any of the experience requirements of the application attached to your application? (i.e., if you are certified or have training, please attach those documents to your application.)
  - If claiming Veteran's Preference, have you attached a copy of your DD-214 to your application?
  - If claiming Native American preference, have you attached your Tribal Enrollment?
  - If claiming Lineal Descendent please attach documents.
  - If driving is required, have you included a copy of your driver's license/CDL?
  - Have you reviewed the vacancy announcement for special requirements or documents that must accompany your application at the time of submission?
  - Completed Resume
    - Contact Section (Name, Address, Phone Number, Email Address)
    - Resume Profile, Objectives or Summary
    - Experience
    - Education
    - Skills
- \*If you have certificates, please attach them.

## Application Certification

I hereby authorize the Spirit Lake Tribe to investigate my background, references, employment record and other matters related to my suitability for employment. This may include a criminal background check and a check on my driving record. I also authorize my former employers or any third party to disclose the the Spirit Lake Tribe all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. Furthermore, by signing below I acknowledge that this application is complete to the best of my knowledge, and I have attached all documents and information pertinent to the position. In the event of employment, I understand that any false or misleading information given in my application or interview may result in immediate termination from my position. This application is not a contract of employment with the Spirit Lake Tribe.

Signature (sign in black ink)

Date Signed

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
HR Initials

### Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **Spirit Lake Tribe** who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

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

I understand that the information released by records custodians and sources of information is for official use by the **Spirit Lake Tribe** only for the purpose of determining my suitability for employment with the **Spirit Lake Tribe**

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the **Spirit Lake Tribe** and their respective officers, employees, Board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and national criminal history checks and using and relying on any information obtained there from. Additionally, I forever release, fully discharge, and agree to indemnify, defend and hold harmless any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to furnishing such information.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the **Spirit Lake Tribe**, whichever is sooner.

First Name	Middle Name	Last Name
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Aliases/Maiden	Jr., III, etc.
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Date of Birth	Social Security Number (SSN)
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Primary Contact Number	Secondary Contact Number
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List where you have lived in the past five years, starting with current

Current Physical & Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Physical Address	City	State	Zip
Physical Address	City	State	Zip
Physical Address	City	State	Zip

Signature (sign in black ink)	Date
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