



Mandan, Hidatsa & Arikara Nation

Three Affiliated Tribes • 404 Frontage Road New Town, ND 58763

Phone: 701-627-4781 • Fax: 701-627-2960

HR Use Only:

(Do Not Write Below)

<u>Department</u>	<u>Position</u>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

<u>Date</u>	<u>Initials</u>

» Note: Only Advertised Positions will be accepted. «

APPLICATION CHECKLIST OF MANDATORY ATTACHMENTS

All Required Documents need to be submitted with your application to make it complete.

- ☐ Two Forms of ID – Valid Driver's License or State Issued ID (Photo ID Required)
- ☐ Indian Preference: CIB or Tribal ID
- ☐ Veterans Preference (if applicable): Form DD-214
- ☐ Proof of Highest Education (HS Documents, College Degree, Transcripts or Certificates)
- ☐ Background Check – Public Trust, Child Care, Law Enforcement Questionnaire
(Supplemental based on position)

You will be ranked only if you have a completed application.

Applications must be submitted BEFORE the Deadline Date in order to be considered for employment.



Mandan, Hidatsa & Arikara Nation

Three Affiliated Tribes • 404 Frontage Road New Town, ND 58763

Phone: 701-627-4781 • Fax: 701-627-2960

APPLICATION FOR EMPLOYMENT

NAME: _____ HOME PHONE: _____ CELL PHONE: _____

MAILING ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____ EMAIL: _____

MUST provide a Valid Driver's License or State Issued ID with application (Photo ID Required)

INDIAN PREFERENCE: TRIBE: _____ ENROLLMENT NUMBER: _____

Please provide proof of eligibility with this application (i.e. Tribal ID or CIB)

VETERAN PREFERENCE: ☐ YES ☐ NO ***Please provide copy of your DD-214 with this application**

RECORD OF EDUCATION

***Please provide Copies of Degrees, Transcripts and/or Certificates**

HIGH SCHOOL

NAME: _____ ADDRESS: _____

YEARS COMPLETED ☐1 ☐2 ☐3 ☐4 GRADUATED? ☐ YES ☐ NO ***Attach Diploma/GED**

COLLEGE

NAME: _____ ADDRESS: _____

COURSE OF STUDY: _____ GRADUATED? ☐ YES ☐ NO DEGREE: _____
***Attach Degree/Official Transcript**

COLLEGE

NAME: _____ ADDRESS: _____

COURSE OF STUDY: _____ GRADUATED? ☐ YES ☐ NO DEGREE: _____
***Attach Degree/Official Transcript**

VOCATIONAL TRAINING:

NAME: _____ ADDRESS: _____

COURSE OF STUDY: _____ GRADUATED? ☐ YES ☐ NO DEGREE: _____
***Attach Degree/Official Transcript**

Please list any other knowledge, skills or abilities you feel may be helpful to us when reviewing your application:

REFERENCES

***Please provide Names of three (3) Individuals not related to you.**

NAME: _____ OCCUPATION: _____ PHONE: _____

NAME: _____ OCCUPATION: _____ PHONE: _____

NAME: _____ OCCUPATION: _____ PHONE: _____

You will be ranked only if you have a completed application.

Applications must be submitted BEFORE the Deadline Date in order to be considered for employment.

PRIOR EMPLOYMENT HISTORY

*Please list your last three (3) employers beginning with the most recent. Do not write "See Resume."

EMPLOYER 1: _____ **TELEPHONE:** _____
EMPLOYER ADDRESS: _____ **SUPERVISOR:** _____
JOB TITLE: _____ **DATES EMPLOYED:** _____ **RATE OF PAY:** _____
REASON FOR LEAVING: _____
JOB DUTIES: _____

EMPLOYER 2: _____ **TELEPHONE:** _____
EMPLOYER ADDRESS: _____ **SUPERVISOR:** _____
JOB TITLE: _____ **DATES EMPLOYED:** _____ **RATE OF PAY:** _____
REASON FOR LEAVING: _____
JOB DUTIES: _____

EMPLOYER 3: _____ **TELEPHONE:** _____
EMPLOYER ADDRESS: _____ **SUPERVISOR:** _____
JOB TITLE: _____ **DATES EMPLOYED:** _____ **RATE OF PAY:** _____
REASON FOR LEAVING: _____
JOB DUTIES: _____

MISCELLANEOUS

Is there anything that would prevent you from performing in a reasonable and safe manner in the position for which you are applying for? ☐ YES ☐ NO If Yes, please explain: _____

Are you eligible to work in the United States? ☐ YES ☐ NO

Have you ever been convicted of a crime or felony that would prevent you from working for the MHA Nation?
☐ YES ☐ NO If Yes, please explain: _____

CERTIFICATION THAT MY ANSWERS ARE TRUE

My statements on this application, an any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false, fraudulent or misleading answer to any question or item on any part of this questionnaire or its attachments may be grounds for not hiring me, firing me after I begin work, or immediate termination.

I certify that my responses to the above questions are made under penalty of perjury which, may be punishable by fine or imprisonment, and that I have received notice that a national criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any national criminal history report made available to the Mandan, Hidatsa & Arikara Nation/Three Affiliated Tribes and my rights to challenge the accuracy and completeness of any information contained in the report.

Name: _____ **Applicant's Signature:** _____ **Date:** _____



Mandan, Hidatsa & Arikara Nation

Three Affiliated Tribes • 404 Frontage Road New Town, ND 58763

Phone: 701-627-4118 • Fax: 701-627-2960

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 Mandan, Hidatsa & Arikara Nation / Three Affiliated Tribes 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 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 Mandan, Hidatsa & Arikara Nation / Three Affiliated Tribes only for the purpose of determining my suitability for employment with the Mandan, Hidatsa Arikara Nation / Three Affiliated Tribes.

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 Mandan, Hidatsa & Arikara Nation / Three Affiliated Tribes, whichever is sooner.

Signature (sign in black ink): _____ Date Signed: _____

Name: _____ Aliases: _____

Physical Address: _____ City, State, Zip: _____

Primary Contact Number: _____ Secondary Number: _____

Date of Birth: _____ Driver's License Number: _____ State: _____

SSN: _____ Tribe: _____ Enrollment Number: _____

Any other Tribe you have lived/worked within the past five (5) years:

Tribe: _____ Tribe: _____