

# Application For Employment



## White Earth Tribal Council

PO Box 418

White Earth, MN 56591

Phone: 218-983-4646

Employment information at ext. 5858

Fax Number 218-983-4343

**This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.**



White Earth Compliance Division  
Compliance Adjudication Department  
P.O. Box 395  
Mahnomen, MN 56557  
Phone: (218)935-2148  
Fax: 218-935-5087

**A Colored Copy of your Drivers' License (front and back) MUST be provided for all Required Positions.**

**\*\* PLEASE PRINT CLEARLY\*\***

The following named individual has an application with this agency for a Criminal Background Check.

First Name of Applicant (please print): \_\_\_\_\_

Middle (full) (please print): \_\_\_\_\_

Last Name of Applicant (please print): \_\_\_\_\_

Maiden, Alias or Former (please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex (please circle): MALE FEMALE

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I authorize the White Earth Compliance Adjudication Department to perform a background check as required by Federal/State or Tribal Ordinance for the purpose of employment.

By submitting this form, I hereby authorize the White Earth Compliance Adjudication Department to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Compliance Adjudication Department from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Office Use Only:

DEPARTMENT: \_\_\_\_\_ BILL TO: \_\_\_\_\_

POSITION: \_\_\_\_\_ ACTION: \_\_\_\_\_

REPORTS REQUESTED: STATE MVR Please list the STATE(S) you are requesting to be ran: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ AUTHORIZING SIGNATURE: \_\_\_\_\_

DATE SCANNED TO COMPLIANCE: \_\_\_\_\_ (PLEASE CIRCLE) SAFETY SENSITIVE NON SAFETY

The White Earth Tribal Council exercises Native Preference in hiring. After this preference is applied, applications are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, handicap or disability.

The White Earth Tribal Council is proud to be a Drug Free Workplace. Tests for alcohol and illegal drug use may be required prior to and during employment.

Position(s) Sought: \_\_\_\_\_  Full Time  Part Time  Temp

How did you hear about us?  Advertisement in \_\_\_\_\_  Employment Agency  
 Employee/Friend/Relative referred me  Posted Job Vacancy at \_\_\_\_\_  Other

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

## Personal Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip

E-Mail Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Do you have a valid Driver's License?  Yes  No **MUST Provide a Colored Copy (Email accepted)**

Are you legally eligible for employment in the United States?  Yes  No *If offered employment, you will be required to provide documentation to verify employment eligibility*

Are you over 18 years old?  Yes  No

Have you filed an application here within the last 90 days?  Yes  No

Have you been employed here before?  Yes  No

May we contact your present employer?  Yes  No  Not applicable

Are you a veteran of the U.S. Military?  Yes  No If yes, which branch? \_\_\_\_\_

The White Earth Tribal Council extends preference in hiring to Native Americans with proper tribal documentation. In order to qualify, the following information must be completed:

Do you request consideration under this preference?  Yes  No

Enrolled Member:  Yes  No

Tribal Affiliation: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

White Earth Descendent (one generation)  Yes  No

First & Last name of enrolled parent: \_\_\_\_\_

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**Educational Information** *Please indicate education or training which you believe qualifies you for the position you are seeking.*

**High School**

Received:  Diploma  G.E.D. Year Graduated: \_\_\_\_\_ School Name: \_\_\_\_\_

**College and/or Vocational School**

Degree/Certificate:  Associates  Bachelors  Masters  Doctorate

Major: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

School: \_\_\_\_\_ City/State: \_\_\_\_\_

**Other Training and/or Degrees relevant to this position:**

Degree or Certification earned: \_\_\_\_\_ Course: \_\_\_\_\_

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**Employment Information** *List your last employer first, include military service and volunteer activities .Attach additional sheets if necessary.*

If employment was under a different name, indicate name: \_\_\_\_\_

**1** Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

**2** Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

**3** Employer: \_\_\_\_\_ City/State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Mo/Yr Mo/Yr

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

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**Knowledge, Skills and Abilities:** *Indicate any additional knowledge, skills or abilities that you have that may help you in this position.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Required Reference Information** *Please give three individuals who you know professionally and/or personally, and who are not related to you. FAILURE TO PROVIDE REFERENCE WITH A FULL ADDRESS WITH PHONE NUMBER WILL RESULT IN AN INCOMPLETE APPLICATION.*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Professional  Personal Reference Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Professional  Personal Reference Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Professional  Personal Reference Relationship: \_\_\_\_\_

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**Acknowledgment and Signature**

*The White Earth Tribal Council endorses the concept of "employment at will", which means, "I will be an employee at will; that is, my employment will be for no definite period of time, but will be subject to termination by myself or the company at any time for any reason." I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice.*

*In connection with my application for employment, I understand that consumer reports or investigative reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employment verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. I authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information.*

*I certify that the answers given to the questions on this application are complete and true to the best of my knowledge, and that any material representation, falsification, or omission shall be grounds for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.*

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Signature of Applicant

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Date