APPLICATION FOR EMPLOYMENT



WHITE EARTH RESERVATION BUSINESS COMMITTEE

HUMAN RESOURCES

Address: P.O. Box 418, White Earth, Mn 56591

Phone: 218-935-3865

Fax Number: 833-786-0724

Email Applications, Drivers License and Education to:

human.resources@whiteearth-nsn.gov

This application for employment is active for 90 days ONLY. Consideration for employment after 90 days requires a new application and Photo ID.



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.

Driver's License #:	State Issued:	Exp. Date:	
Home Address:	City:	Zip:	
Date of Birth://	Sex (please circle):	MALE	FEMALE
Social Security Number:			
Maiden, Alias or Former (please print):			
Last Name of Applicant (please print):			
Middle (full) (please print):			
First Name of Applicant (please print):			

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		I	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 COMPI	LIANCE:		(PLEASE CIRCLE)	SAFETY SENSITIVE	NON SAFETY

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The White Earth Reservation Business Committee exercises Native Preference in h positions without regard to race, color, religion, sex, national		
The White Earth Tribal Council is proud to be a Drug Free Workplace. Tests fo employment.		nay be required prior to and during
Position(s) Sought:	O Full Time	OPart Time OTemp
How did you hear about us? O Advertisement in O Employee/Friend/Relative referred me O Posted Job Vac	cancy at	O Employment Agency O Other
Conditions of employment are stated at the end of this form. Please	e read carefully before you sign this	application.
Personal Information		
Name:	Todays Date	ə:
Mailing Address:	City	State Zip
E-Mail Address:		State Zip
	ease provide a colored co	
Are you legally eligible for employment in the United States?		mployment, you will be required to cumentation to verify employment
Are you over 18 years old? OYes ONo	eligibility	
Have you filed an application here within the last 90 days? OY	es ONo	
Have you been employed here before? OYes ONo		
May we contact your present employer? OYes ONo ONo	ot applicable	
Are you a veteran of the U.S. Military? OYes ONo If yes,	which branch?	
The White Earth Tribal Council extends preference in hiring to a documentation. In order to qualify, the following information m	*	proper tribal
Do you request consideration under this preference? OYes C	DNo	
Enrolled Member: OYes ONo		
Tribal Affiliation:	Enrollment Number:	
White Earth Descendent (one generation) OYes ONo First & Last name of enrolled parent:		

High School		tion or training which you believe qualifies yo		
Received: O Diploma	a O G.E.D. Year Gr	raduated: School Name:		
College and/or Vocat Degree/Certificate: O	ional School Associates O Bachelor	rs O Masters O Doctorate		
Major:	Major:Year Graduated:			
School:	School: City/State:			
Other Training and/o	or Degrees relevant to th	his position:		
Degree or Certification	egree or Certification earned: Course:			
if necessary.		r first, include military service and volunteer o		
1 Employer:		City/State:		
Phone: ()	Position:	Dates: From		to
Supervisor:		Department:	Mo/Yr	Mo/Yr
Duties:				
		Reason for Leaving:		
2 Employer:		City/State:		
Phone: ()	Position:	Dates: From to		to
		Department:		Mo/Yr
Duties:				
		Deepen for Leaving		
Employer:		City/State:		
Phone: ()	Position:	Dates: From		to
upervisor:		Department:	Mo/Yr	Mo/Yr
Puties:				
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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.

Required Reference Information Please gin not related to you. FAILURE TO PROVIDE REFERENCE INCOMPLETE APPLICATION.	ve three individuals who you kno NCE WITH A FULL ADDRESSS	w professionally and/o S WITH PHONE NUM	or personally, and who are BER WILL RESULT IN AN
Name:			
Address:	City:	State:	Zip:
Phone: ()			
O Professional O Personal Reference	Relationship:		
Name:			
Address:	City:	State:	Zip:
Phone: ()			
O Professional O Personal Reference	Relationship:		
Name:			
Address:	City:	State:	Zip:
Phone: ()			
O Professional O Personal Reference	Relationship:		

Acknowledgment and Signature

The White Earth Reservation Business Committee 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.

Signature	of	App	licant
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Date

Application Requirements Checklist (Pre-Submission): Failure to provide these documents will result in an INCOMPLETE application and will not be processed until documents are received before job closing date.

- Valid Colored Copy of Drivers License (Front and Back)
- Valid Colored Copy of Tribal ID Card
- o Education and Training Documentation