BLACKFEET HOUSING

Information Needed with Application

- ☐ Complete Blackfeet Housing Employment Application
- ☐ Copy of High School Diploma or G.E.D.
- ☐ Valid Montana Driver's License - Color Copy
- ☐ Tribal Enrollment Identification
- ☐ Any document of education pertaining to experience
- ☐ DD-214 Form (Veteran Preference)
- ☐ 3 letters of reference NO more than 6 months old
- ☐ Physical (If applicable)

Please return to Blackfeet Housing

BLACKFEET HOUSING
APPLICATION for EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, age, sex, religion, disability or national origin. Consistent with the American with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PART 1: PERSONNEL INFORMATION

NAME: (LAST, FIRST, MIDDLE MAIDEN)	ADDRESS: (BOX, CITY STATE, ZIP)
SOCIAL SECURITY NO:_____ MALE:____ FEMALE:____ HOME PHONE :_____	DATE OF BIRTH:_____ DISABLED: YES____ NO____ WORK PHONE:_____
POSITION (JOB) FOR WHICH YOU ARE APPLYING:	
HAVE YOU EVER WORKED FOR THE BLACKFEET HOUSING? YES____ NO____ (IF YES, IDENTIFY PROGRAM, POSITION, AND DATE OF EMPLOYMENT)	

PART 2: AVAILABILITY

WHEN ARE YOU AVAILABLE TO WORK: (MM/DD/YY)

PART 3: EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE OR HAVE YOU COMPLETED YOUR G.E.D. (HIGH SCHOOL EQUIVALENCY)? YES____ NO____ if no, what is the highest grade you completed?
HAVE YOU EVER ATTENDED COLLEGE OR GRADUATE SCHOOL: YES____ NO____ if yes, continue with form below (attach all documentation) * see note

COLLEGE/UNIVERSITY	MM/YY ATTENDED		CREDIT HRS	MAJOR COURSES	TYPE OF	MM/YY
	FROM:	TO:	COMPLETED	OF STUDY	DEGREE	OF DEGREE

EDUCATION (CONT'D)

IF YOU HAVE COMPLETED ANY OTHER COURSES or TRAINING RELATED TO THE KIND OF JOB YOU ARE APPLYING FOR GIVE INFORMATION BELOW: (ATTACH ALL DOCMENTATION)

TRAINING ATTENDED	MM/YY ATTENDED	CLASSROOM	SUBJUCT	TRAINING COMPLETED
NAME & LOCATION	FROM: TO:	HOURS		YES or No

PART 4: SPECIAL QUALIFICATION & SKILLS

SUMMERIZE SPECIAL SKILLS, QUALIFICATIONS, ACCOMPLISMENTS, and AWARDS AQUIRED FROM EMPLOYMENT or OTHER EXPERIENCES THAT MY QUALIFY YOU FOR THIS POSITION:

_____

_____

_____

_____

_____

LIST JOBS, RELATED LICESES or CERTIFICATES THAT YOU HAVE, i.e., REGISTERD NURSES, LAWYER, RADIO OPERATOR, DRIVER, PILOT, etc:

LICENSE or CERTIFICATE	EXPIRATION DATE	ISSUING AGENCY
1.		
2.		
3.		

PART 5: REFERENCES

ARE YOU A VETERAN OF THE U.S. ARMED FORCES? YES ◯ NO ◯

BRANCH OF SERVICES _____ FROM __/__/__ TO__/__/__

HONORABLE DISCHARGE YES ◯ NO ◯
(If claiming veteran preference, please attach DD-214 Form)

ARE YOU AN ENROLLED MEMBER of the BLACKFEET TRIBE? YES ◯ NO ◯
ARE YOU MARRIED to AN ENROLLED MEMBER of the BLACKFEET TRIBE? YES ◯ NO ◯
ARE YOU a DECENDANT of the BLACKFEET TRIBE? YES ◯ NO ◯
ARE YOU an ENROLLED MEMBER of a DIFFERENT TRIBE? YES ◯ NO ◯

ENROLLMENT #: _____ SPOUSE ENROLLMENT #: _____

PART 6: WORK EXPERIENCE

DESCRIBE EACH JOB YOU HELD DURING THE LAST TEN (10) YEARS, BEGINNING WITH YOUR CURRENT or MOST RECENT, INCLUDING ANY VOLUNTEER WORK AND MILITARY SERVICE. IF YOU NEED MORE SPACE USE EXTRA PAPER, EXPLAIN ANY GAPS IN EMPLOYMENT IN THE COMMENT SECTION.

NAME and ADDRESS of EMPLOYER

_____
_____
_____
_____

DATE EMPLOYED (MM/DD/YY)
FROM ___/___/___ TO ___/___/___
NO. of EMPLOYEES SUPERVISED _____
AVG. NO. of HOURS PER WEEK _____
SALARY/EARNING $ _____ PER_____

NAME of IMMEDIATE SUPERVISOR _____PHONE#_____
TYPE of BUSINESS or ORGANIZATION: _____
TITLE of POSITION:_____
REASON for LEAVING: _____
MAY WE CONTACT FOR REEFENCE: YES O NO O

DESCIPTION of DUTIES, RESPONSIBILITIES and ACCOMPLISHMENTS:

_____
_____
_____
_____
_____

NAME and ADDRESS of EMPLOYER

_____
_____
_____
_____

DATE EMPLOYED (MM/DD/YY)
FROM ___/___/___ TO ___/___/___
NO. of EMPLOYEES SUPERVISED _____
AVG. NO. of HOURS PER WEEK _____
SALARY/EARNING $ _____ PER_____

NAME of IMMEDIATE SUPERVISOR _____PHONE#_____
TYPE of BUSINESS or ORGANIZATION: _____
TITLE of POSITION:_____
REASON for LEAVING: _____
MAY WE CONTACT FOR REEFENCE: YES O NO O

DESCIPTION of DUTIES, RESPONSIBILITIES and ACCOMPLISHMENTS:

_____
_____
_____
_____

COMMENT _____
_____
_____

WORK EXPERIENCE (CONT'D)

NAME and ADDRESS of EMPLOYER

_____
_____
_____
_____

DATE EMPLOYED (MM/DD/YY)
FROM ___/___/___ TO ___/___/___
NO. of EMPLOYEES SUPERVISED _____
AVG. NO. of HOURS PER WEEK _____
SALARY/EARNING $ _____ PER _____

NAME of IMMEDIATE SUPERVISOR _____ PHONE# _____
TYPE of BUSINESS or ORGANIZATION: _____
TITLE of POSITION: _____
REASON for LEAVING: _____
MAY WE CONTACT FOR REEFENCE: YES ___O___ NO ___O___

DESCIPTION of DUTIES, RESPONSIBILITIES and ACCOMPLISHMENTS:

_____
_____
_____
_____

NAME and ADDRESS of EMPLOYER

_____
_____
_____
_____

DATE EMPLOYED (MM/DD/YY)
FROM ___/___/___ TO ___/___/___
NO. of EMPLOYEES SUPERVISED _____
AVG. NO. of HOURS PER WEEK _____
SALARY/EARNING $ _____ PER _____

NAME of IMMEDIATE SUPERVISOR _____ PHONE# _____
TYPE of BUSINESS or ORGANIZATION: _____
TITLE of POSITION: _____
REASON for LEAVING: _____
MAY WE CONTACT FOR REEFENCE: YES ___O___ NO ___O___

DESCIPTION of DUTIES, RESPONSIBILITIES and ACCOMPLISHMENTS:

_____
_____
_____
_____

COMMENT _____
_____
_____

PART 7: REFERENCES

LIST NAME AND TELEPHONE NUMBER OF THREE (3) PEOPLE WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS SUPERVISORS. AT LEAST ONE (1) SHOULD KNOW YOU WELL ON A PERSONAL BASIS.

NAME	TELEPHONE or CELL #	YEARS KNOWN
1.		
2.		
3.		

PART 8: BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ◯ NO ◯ (If yes, please explain)

_____

IF YES, HAVE YOU RECEIVED A PARDON or a RESTORATION of CIVIL RIGHTS: YES ◯ NO ◯
(IF YES PLEASE PROVIDE DOCUMENTATION.)

PART 9: SIGNATURE, CERTIFICATION and RELEASE OF INFORMATION

PLEASE SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

It is understood and agreed upon that my misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information, if job related. I hereby, release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

All applicants tentatively selected for this position will be required to submit to a testing to screen for illegal drug use prior to appointment.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

SIGNATURE	DATE

PHYSICAL EXAMINATION FORM

PART ONE: TO BE COMPLETED PRIOR TO MEDICAL APPOINTMENT

Name:_____ Date of Exam: _____

Gender: Male _____ Female _____

Address: _____

Home Phone: _____ Work Phone:_____ Cell Phone:_____

Name of Employing Agency:_____ Position/Job Title:_____

DIAGNOSIS/SIGNIFICANT HEALTH CONDITIONS

CURRENT MEDICATONS *(Attach a second page if needed)*:

Medication Name	Dose	Frequency	Diagnosis	Date Medication Prescribed	Name of Physician

Explain "Yes" answers below. Circle questions to which you don't know the answer

	Yes	No		Yes	No
1. Surgery or advised to have surgery	□	□	18. A need to use inhalers	□	□
2. Treatments by doctors, healers, or other practitioners for any problems other than minor illnesses	□	□	19. Tuberculosis or a positive TB test	□	□
			20. Diabetes	□	□
			21. A need for insulin shots	□	□
3. Treatment for a mental or emotional condition?	□	□	22. Unexplained weight loss	□	□
4. Any type of eye disease?	□	□	23. Joint pain or arthritis	□	□
5. Contact Lenses? Hard or Soft (circle one)	□	□	24. Loss of use of an arm, leg, finger or toe	□	□
6. Any type ear disease?	□	□			
7. Problem with dizziness or balance?	□	□	25. Back pain, back trouble, or injury	□	□
8. Any type of skin disease (other than acne)?	□	□	26. Tremors, shakiness or seizures	□	□
9. Varicose veins, blood clots, or swollen and painful veins?	□	□	27. Numbness or tingling in hands or feet	□	□
10. Anemia?	□	□	28. Frequent headaches or migraines	□	□
11. High blood pressure	□	□	29. Any type of stomach or intestine disease	□	□
12. A stoke	□	□			
13. Poor circulation in hand or feet?	□	□	30. Hernia	□	□
14. Heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack?	□	□	31. Hepatitis	□	□
			32. Any type of liver disease	□	□
15. Problem with passing out, fainting, or losing consciousness?	□	□	33. Blood in the stool or vomited blood	□	□
			34. Any type of kidney or bladder disease	□	□
16. Any type of lung disease?	□	□			
17. Asthma, bronchitis, or emphysema?	□	□	35. Kidney stones	□	□
			36. Difficulty or pain with urination	□	□

Explain "Yes" answers here:_____

_____

Allergies/Sensitivities:_____

Immunizations: (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A,B; influenza; poliomyelitis; meningococcal, varicella)

_____

Date of last known tetanus shot: _____

PART TWO: GENERAL PHYSICAL EXAMINATION

NAME:_____ Date of Birth:_____

Height_____ Weight_____ Pulse_____ BP: Left Arm_____ Right Arm _____

Vision R20/____L/20____ Corrected Y N Pupils: Equal_____ Unequal_____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Hernia			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hands/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

Notes: _____

_____

_____

_____

CLEARANCE

□ Cleared without restrictions

□ Cleared with recommendations for further evaluation or treatment for: _____

_____

□ Not cleared for : _____

Please Print/ Stamp

Physician's Name _____

License/Certification Number _____

License/State:_____

Street Address _____

City, State, Zip Code _____

Telephone _____