

# 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
- 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 _____ <small>(IF YES, IDENTIFY PROGRAM, POSITION, AND DATE OF EMPLOYMENT)</small>	

**PART 2: AVAILABILITY**

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

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

**PART 4: SPECIAL QUALIFICATION & SKILLS**

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

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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 \_\_\_\_\_ NO \_\_\_\_\_

DESCRIPTON 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 \_\_\_\_\_ NO \_\_\_\_\_

DESCRIPTON 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 _____ NO _____	
DESCRIPTION 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 _____ NO _____	
DESCRIPTION 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