

**BLACKFEET HOUSING
APPLICATION for EMPLOYMENT**



BLACKFEET HOUSING APPLICATION

Incomplete or late applications will not be considered under any circumstances. Please be sure to provide all required documents at time of submission.

Required Documents:

- COVER LETTER
- RESUME
- COMPLETE BLACKFEET HOUSING EMPLOYMENT APPLICATION
- COPY OF VALID MONTANA DRIVERS LICENSE
- COPY OF REQUIRED POSITION CERTIFICATIONS
- COPY OF CLAIMED DIPLOMA/GED OR DEGREE(S)
 - For Claimed College Degrees: An unofficial transcript will be accepted with initial application however, an official transcript provided directly from the institution to Blackfeet Housing will be required prior to hire.
- COPY OF TRIBAL ENROLLMENT VERIFICATION (if applicable)
- COPY OF DD FORM 214 (if claiming Veteran Preference)
- THREE LETTERS OF REFERENCE (dated within the last six (6) months)
- PHYSICAL (if applicable)

Please return your completed application and all supporting documents to Blackfeet Housing by mail or place in the outside drop box prior to or on listed position closing date.

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 applications process.

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PART 1 PERSONNEL INFORMATION	
NAME: (LAST, FIRST, MIDDLE, MAIDEN)	ADDRESS: (BOX, CITY, STATE, ZIP)
Social Security No: _____ Male: _____ Female: _____ _____	Date of Birth: _____ Disabled: Yes: _____ No: _____ Work Phone: _____
Home Phone: _____	
Position (Job) for which you are applying:	
Have you ever worked for 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 GED (High School Equivalency?) Yes: _____ No: _____ (If no, what was the highest year completed?) _____						
Have you ever attended College or Graduate School: Yes: _____ No: _____ (If yes, continue with the form below and attach all documents .)						
College/University	MM/YY From:	Attended To:	Credit Hours	Major Courses of Study	Type of Degree	MM/YY of Degree

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EDUCATION Continued				
If you have completed any other Courses or Trainings related to the kind of job you are applying for give information below and attach all documents .				
Training Attended	MM/YY Attended	Classroom	Subject	Training Completed
Name & Location	From: To:	Hours		Yes or No

PART 4	SPECIAL QUALIFICATIONS & SKILLS
Summarize special skills, qualifications, accomplishments and awards acquired from employment or other experiences that may qualify you for this position.	
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List jobs, related licenses, or certificates that you have, i.e., Registered Nurse, 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 Armed Forces? Yes: _____ No: _____ Branch of Services _____ From _____/_____/_____ To _____/_____/_____ Honorable Discharge Yes _____ No _____ (if claiming Veterans Preference, please attach for 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 Descendant of the Blackfeet Tribe? Yes _____ No _____ Are You an Enrolled Member of a Different Tribe? Yes _____ No _____ Enrollment # _____ Spouses Enrollment # _____	

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PART 6 WORK EXPERIENCE

Describe each job you held in the last ten (10) years, beginning with your current and most recent, including any volunteer work or 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 _____

Average No. of Hours Per Week _____

Salary/Earnings \$ _____ Per _____

Name of Immediate Supervisor _____ Phone _____

Type of Business or Organization _____

Title of Position _____

Reason for Leaving _____

May we contact for Reference: Yes _____ No _____

Description of Duties, Responsibilities and Accomplishments:

Describe each job you held in the last ten (10) years, beginning with your current and most recent, including any volunteer work or military service. If you need more space use extra paper, explain any gaps in employment in the comment section.

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Description of Duties, Responsibilities and Accomplishments:

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WORK EXPERIENCE CONTINUED

Describe each job you held in the last ten (10) years, beginning with your current and most recent, including any volunteer work or military service. If you need more space use extra paper, explain any gaps in employment in the comment section.

NAME and ADDRESS of EMPLOYER

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Title of Position _____

Reason for Leaving _____

May we contact for Reference: Yes _____ No _____

Description of Duties, Responsibilities and Accomplishments:

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WORK EXPERIENCE CONTINUED
Comments:

PART 7: REFERENCES		
List Name and Phone 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 Number	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 representative s 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

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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 MEDICATIONS (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			19.	Tuberculosis or a positive TB test		
2.	Treatments by doctors, healers, or other practitioners for any problems other than minor illnesses			20.	Diabetes		
3.	Treatment for mental or emotional condition			21.	A need for insulin shots		
4.	Any type of eye disease			22.	Unexplained weight loss		
5.	Contact lenses? Hard or soft? (circle one)			23.	Joint pain and arthritis		
6.	Any type of ear disease			24.	Loss of use of arm, leg, finger or toe		
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 stroke			30.	Hernia		
13.	Poor circulation in hands or feet			31.	Hepatitis		
14.	Heart disease, heart murmur, chest pain (angina), palpitations (irregular beat), or heart attack			32.	Any type of liver disease		
15.	Problem with passing out, fainting, or losing consciousness			33.	Blood in the stool or vomited blood		
16.	Any type of lung disease			34.	Any type of kidney or bladder disease		
17.	Asthma, bronchitis, or emphysema			35.	Kidney stones		
18.	A need to use inhalers			36.	Difficulty or pain with urination		

Explain "Yes" answer here:

Allergies and sensitivities: _____
 Immunizations: (eg, tetanus, diphtheria, measles, mumps, rubella, hepatitis A, B, influenza, poliomyelitis, meningococcal, varicella) _____

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Date of last known Tetanus shot: _____

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PART TWO: GENERAL PHYSICAL EXAMINATION

Name _____ Date of Birth: _____
 Height _____ Weight _____ Pulse _____ BP Left Arm _____ BP Right Arm _____
 Vision R20/ _____ L20 _____ Corrected Yes ___ No ___ Pupils: Equal _____ Unequal _____

	Normal	Abnormal	Initials
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Hernia			
Skin			
MUSCLOSKELETAL			
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/Certificate Number: _____
 License/State: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone: _____