

# LOWER BRULE SIOUX TRIBE



## EMPLOYMENT APPLICATION

Return Completed Form and Documents to:  
Personnel Management Department  
187 Oyate Circle, Lower Brule SD 57548

Human Resources  
Date Received \_\_\_\_\_  
Initials \_\_\_\_\_  
Application Complete: YES/NO

DATE \_\_\_\_\_

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

### POSITION INFORMATION

Position Applying For \_\_\_\_\_

Shift Position Day  Evening

Type of Work Desired Full Time  Part Time

### PREFERENCE CRITERIA

Member of the Lower Brule Sioux Tribe Yes  No  Enrollment # \_\_\_\_\_

Spouse is Member of the Lower Brule Sioux Tribe Yes  No  Enrollment # \_\_\_\_\_

Member of Other Tribe \_\_\_\_\_ Enrollment # \_\_\_\_\_

Veterans Preference Yes  No  Years Served \_\_\_\_\_ Include Veteran's Preference Form DD214 with application

### EDUCATION

High School Diploma Yes  No  GED

College 1  2  3  4  Advanced Degree  Degree/Major \_\_\_\_\_

Vocational or Other Training \_\_\_\_\_ Certificate Received \_\_\_\_\_

South Dakota Driver's License Yes  No

Computer Skills Yes  No  What Type? \_\_\_\_\_

Other Licenses or Certifications (CDL, CNA, CDA etc.) \_\_\_\_\_

Special Skills: List any special skills or experience that you feel would help you in the position for which you are applying.

### PERSONAL HISTORY

Have you ever been convicted of a felony? Yes  No

If yes, what charge(s)? \_\_\_\_\_

### IN CASE OF EMERGENCY NOTIFY

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**WORK HISTORY Start with your present or most recent employment and work back.**

<b>Job Title #1</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving		

<b>Job Title #2</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving		

<b>Job Title #3</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties		
Reason for Leaving		

**PERSONAL REFERENCES**

Name	Address	Phone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A condition of my employment shall be to conform to all applicable Rules & Regulations, Policies & Procedures, and background check of the Lower Brule Sioux Tribe. All employment with the Lower Brule Sioux Tribe is considered "at will". Both the employee and the employer reserve the right to alter or terminate employment at any time for any or no cause.

All answers given are true and complete to the best of my knowledge. In the event of employment, falsification or misrepresentation on this application may result in termination. The Lower Brule Sioux Tribe is authorized to investigate statements made in this application necessary in reaching an employment decision, including checking with my former employers.

**Attach all pertinent documents (Cover Letter, Resume, Drivers License, Diploma, Veteran's Preference Form DD214, etc.) to be considered for employment.**

**SIGN AND DATE AFTER PRINTING**

Signature \_\_\_\_\_ Date \_\_\_\_\_