



Crow Creek Sioux Tribe

EMPLOYMENT APPLICATION

Position applying for: _____

***The application you are about to complete requires necessary data for reference and background checks. Please print clearly and complete all sections of the application for consideration of employment with the Crow Creek Sioux Tribe.**

1. Name: _____ 2. DOB: _____

3. Address: _____ 4. Telephone: _____

5. Tribal Enrollment: _____ 6. Enrollment no.: _____

7. Veteran?: _____ Branch: _____ Discharge type: _____

8. Residence: Please list past residences for the last five years:

City, State, Zip From: _____ To: _____
month/year month/year

City, State, Zip From: _____ To: _____
month/year month/year

City, State, Zip From: _____ To: _____
month/year month/year

9. EDUCATION: (High School Diploma/GED is a minimum requirement for **ALL** positions of the CCST)
List last educational facility attended.

School name: _____ Address: _____

Must circle highest level of education received: HS Diploma GED College Other: _____

Major course: _____ Dates attended: _____

10. List special skills and qualifications pertaining to this position being applied for:

11. List three (3) professional references. No relatives please.

1. _____
Name Address Telephone no.

2. _____
Name Address Telephone no.

3. _____
Name Address Telephone no.

12. EMPLOYMENT HISTORY: (start with most recent)

Employer/Company: _____ Supervisor: _____

Phone no.: _____ Address: _____

Employment dates: From: _____ To: _____ Starting Salary: _____ Ending: _____

Job Title/Duties: _____

Reason for leaving: _____

Employer/Company: _____ Supervisor: _____

Phone no.: _____ Address: _____

Employment dates: From: _____ To: _____ Starting Salary: _____ Ending: _____

Job Title/Duties: _____

Reason for leaving: _____

Employer/Company: _____ Supervisor: _____

Phone no.: _____ Address: _____

Employment dates: From: _____ To: _____ Starting Salary: _____ Ending: _____

Job Title/Duties: _____

Reason for leaving: _____

May we contact your last employer? Yes _____ No: _____

Do you have any health problems/physical disabilities that may affect your work?: Yes _____ No _____

Have you ever been convicted of a felony? _____ if yes, please explain: _____

Please note that a yes answer will not necessarily bar you from consideration for employment with CCST.

Do you claim Indian Preference? _____ Are you a resident of the Crow Creek Indian Reservation? _____

Length of residence on the CCST Indian Reservation? _____ No. of dependants? _____

Do you have a valid Drivers License? _____ State of Drivers License: _____

CERTIFICATE OF APPLICANT: READ CAREFULLY BEFORE SIGNING.

I authorize investigation of all statements contained in this application for employment. I fully understand that omission of facts or misrepresentation is cause for cancellation of application consideration and/or separation from employment.

Signature _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS RELEASE OF INFORMATION FOR EMPLOYMENT WITH THE CROW CREEK SIOUX TRIBE. THIS RELEASE MUST BE SIGNED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT WITH THE CROW CREEK SIOUX TRIBE.

I certify all answers and statements made on this Application for Employment with the Crow Creek Sioux Tribe are true and complete to the best of my knowledge.

I authorize all persons and/or all organizations named in this application to release information and records pertaining to my past employment, education, character and background to the CCST Human Resources Office.

I understand that a criminal check may be conducted. I also understand that I may be required to complete a drug test at any time and/or at random during my employment with the Tribe. I understand that I have the right to challenge the accuracy and completeness of the drug test. I understand that any required drug test results will be for Tribal administrative purposes only and are not for any court of jurisdiction.

I hereby authorize the CCST Human Resources office to conduct an investigation into my personal background for the purpose of evaluating my qualifications for employment, promotion, reassignment or retention as a potential employee of the Crow Creek Sioux Tribe.

I hereby release the Crow Creek Sioux Tribe and any persons/companies whom are providing information from any and all liability which may arise in connection to the background and reference checks.

If hired I will be responsible for familiarizing myself and abiding by all rules and regulations of the Crow Creek Sioux Tribe.

My signature authorizes "RELEASE OF INFORMATION" for past employers and references. Copies of this release may serve as originals.

Signature of applicant/employee

Date

ALL POTENTIAL EMPLOYEES MAY BE REQUIRED TO SUBMIT TO ALCOHOL AND/OIR DRUG SCREENS AND HAVE CRIMINAL CHECKS DONE PRIOR TO EMPLOYMENT WITH THE CROW CREEK SIOUX TRIBE.

Thank you for your interest in applying for employment with the Crow Creek Sioux Tribe. Please return completed application and forms to:

**Dept of Human Resources
Crow Creek Sioux Tribe
P.O. Box 50
Fort Thompson, SD 57339
Phone: 605-245-2221 – Fax: 605-245-2829**