



SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

NAME _____ SOCIAL SECURITY NUMBER _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____ PHONE (____) ____-____
STREET CITY STATE ZIP

ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED INDIAN TRIBE OR ALASKAN NATIVE GROUP?

___YES ___NO LIST TRIBE OR GROUP: _____

POSITION APPLYING FOR: _____ SALARY DESIRED: _____

DO YOU HAVE A PHYSICAL OR MENTAL CONDITION THAT MAY AFFECT YOUR ABILITY TO PERFORM THE POSITION FOR WHICH YOU ARE APPLYING? ___ YES ___ NO IF YES, PLEASE DESCRIBE:

EDUCATIONAL BACKGROUND:

CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

HAVE YOU OBTAINED A HIGH SCHOOL DIPLOMA OR G.E.D.? ___YES ___NO

LIST ANY EDUCATION **BEYOND HIGH SCHOOL** BELOW:

NAME & LOCATION OF SCHOOL	DATES ATTENDED (mo./yr.)	# OF HRS. SEM./QTR.	MAJOR AREA OF STUDY	DEGREE OBTAINED
	/ - /			
	/ - /			
	/ - /			

WORK EXPERIENCE: LIST YOUR WORK EXPERIENCE IN CHRONOLOGICAL ORDER BEGINNING WITH YOUR LAST JOB FIRST. **A RESUME DOES NOT SUBSTITUTE, THIS PORTION MUST BE COMPLETED OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE. ATTACH ADDITIONAL PAGES AS NEEDED.**

EMPLOYER:		START / END DATE:	
ADDRESS:		PHONE NUMBER:	
TITLE:		HOURS PER WEEK:	
SUPERVISOR NAME/ TITLE:		ANNUAL SALARY:	
BRIEF DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		START / END DATE:	-
ADDRESS:		PHONE NUMBER:	
TITLE:		HOURS PER WEEK:	
SUPERVISOR NAME/ TITLE:		ANNUAL SALARY:	
BRIEF DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		START / END DATE:	-
ADDRESS:		PHONE NUMBER:	
TITLE:		HOURS PER WEEK:	
SUPERVISOR NAME/ TITLE:		ANNUAL SALARY:	
BRIEF DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

(IF YOU NEED ADDITIONAL SPACE FOR WORK EXPERIENCE, PLEASE GO TO PAGE 4)

MAY WE CONTACT PRIOR EMPLOYERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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LICENSURES OR SPECIAL SKILLS:

LIST ANY LANGUAGES OTHER THAN ENGLISH THAT YOU SPEAK, READ, OR WRITE FLUENTLY:

LIST ANY SPECIALIZED TRAINING OR EXPERIENCE: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? ___ YES ___ NO CLASS: _____

IF YOU POSSESS A LICENSE OR A CERTIFICATE IN A TRADE OR PROFESSION, COMPLETE THE FOLLOWING:

NAME OF TRADE OR PROFESSION: _____ LIC. NUMBER: _____

ISSUED BY: _____ SPECIALTY: _____

ISSUE DATE: _____ EXPIRATION DATE: _____

Has your license or certification ever been suspended, revoked, or have you had any disciplinary action taken by the licensing authority? _____ YES _____ NO

REFERENCES:

PLEASE LIST THREE (3) PROFESSIONAL REFERENCES:

Name	Address	Phone Number	Relationship

NOTE: A REFERENCE CHECK WILL BE DONE AND YOUR REFERENCES WILL BE CONTACTED.

SURVEY:

Please indicate how you became aware of this job opening. (Check all that apply)

- Newspaper Advertisement Online Advertisement Meskwaki News
- Job Posting at Sac & Fox Tribal Offices Heard about the job from a current Tribal employee
- Other: _____.

Thank you for providing the information above. This helps us improve our recruitment efforts.

SPECIAL NOTICES:

The Sac & Fox Tribe requires background checks for certain positions in accordance with the Indian Child Protection and Family Violence and Prevention Act. If you are applying for one of the covered positions, you will be given further instructions. Please be advised that failure to comply with those instructions will result in your application being removed from further consideration for employment with the Tribe in any position that is covered the Act.



The Sac & Fox Tribe provides a drug-free workplace and requires pre-employment drug testing. You will be given further instructions regarding the arrangements for testing. Failure to submit for testing or a positive test result will result in your application being removed from further consideration for employment with the Tribe.

READ BEFORE SIGNING: I certify that this application contains no willful misrepresentations and that the information is true and complete to the best of my knowledge. I understand that should an investigation at any time prove otherwise, I may be dismissed from employment or disqualified from further consideration for any employment with the Sac & Fox Tribe. In signing this application, I am also consenting to any reasonable inquiry that may be necessary to verify the information that I have provided on this form or may provide in conjunction with this application.

SIGNATURE: _____ **DATE:** _____

USE THIS SPACE FOR ADDITIONAL WORK EXPERIENCE:

EMPLOYER:		START / END DATE:	-
ADDRESS:		PHONE NUMBER:	
TITLE:		HOURS PER WEEK:	
SUPERVISOR NAME/ TITLE:		ANNUAL SALARY:	
BRIEF DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		START / END DATE:	-
ADDRESS:		PHONE NUMBER:	
TITLE:		HOURS PER WEEK:	
SUPERVISOR NAME/ TITLE:		ANNUAL SALARY:	
BRIEF DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

EMPLOYER:		START / END DATE:	-
ADDRESS:		PHONE NUMBER:	
TITLE:		HOURS PER WEEK:	
SUPERVISOR NAME/ TITLE:		ANNUAL SALARY:	
BRIEF DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			