



## STANDING ROCK HOUSING AUTHORITY

1333 92<sup>nd</sup> Street, P.O. Box 769  
Fort Yates, North Dakota 58538  
Telephone: (701) 854-3891  
Toll Free: 1-800-262-3891  
Fax: (701) 854-3855  
[standingrockhousing.org](http://standingrockhousing.org)



\*Applicants are required to complete a separate application for each position.

\*Please print legible or type all your information on the application.

\*Incomplete or illegible information on application may not be considered.

**IMPORTANT NOTE:** All applications and submitted documents will become the property of the Standing Rock Housing Authority. It's the responsibility of the applicant to provide copies of documents.

\***Consideration of Employment** - all applications must have all the necessary documentation attached that is required for each position.

## Employment Checklist

- Education (High School Diploma/GED Certificate/College Degree or Official Transcripts)
- Degree of Indian Blood, DCIB Certified.
- Valid Driver's License & Proof of Insurance.
- Past & Present Work Experience / Resume.
- Certificates of Training/Workshops. (Pertaining to Position Applying For)
- Three **(3) Current Year** Letter of References.
- Veteran Certificate DD-214 Honorable Discharge.

# APPLICATION FOR EMPLOYMENT

TO APPLICANT: We appreciate your interest and are sincerely interested in your qualifications. In order to make the best possible match between your skill, experience and our requirements, we need a clear understanding of your background.

Please fill out all blanks carefully and completely. Failure to complete application or answer all questions will be considered incomplete. PLEASE TYPE OR PRINT CLEARLY

POSITION APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security# \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_  
Home Work Message

Email \_\_\_\_\_

Date available for employment: \_\_\_\_\_

MM/DD/YR  
Previous employment with SRHA: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes Date of employment: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Job Title: \_\_\_\_\_

Are you able to travel if job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No Rate of Pay expected: \$ \_\_\_\_\_ per \_\_\_\_\_

Enrolled member of a Tribe? \_\_\_\_\_ Yes \_\_\_\_\_ No Agency Enrolled: \_\_\_\_\_

Do you have a current Driver's License: \_\_\_\_\_ Yes \_\_\_\_\_ No State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Do you have liability insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No Company of Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Are you insurable? \_\_\_\_\_ Y \_\_\_\_\_ N

If selected, are you able to pass a pre-employment drug test? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Question must be answered)

### SRHA OFFICE USE ONLY

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_

Have you ever been convicted of a crime involving a child, crime of violence, crime against person(s), crime against elderly, crime against disabled, drug related offenses or financial related offense? Yes\_ No \_ If "Yes", please explain: \_\_\_\_\_

"Yes" answer does not automatically disqualify from employment, the nature of the offense, date of the offense and position for which applied will be taken into consideration.

### **MILITARY SERVICE RECORD**

Were you in the U.S. Armed Forces? Yes \_\_\_ No \_\_\_ If yes, what Branch \_\_\_\_\_

Date of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_

List duties in the service including special training: \_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? \_\_\_\_\_ If yes, what type of training did you take? \_\_\_\_\_  
(\*Attach copy of the DD-214\*)

### **EDUCATION INFORMATION**

1. Date High school attended/GED Certificate received
2. College Degree or 1 year Certificated or transcripts and date(s) received

### **EMPLOYMENT INFORMATION**

List Below all employment, past and present beginning with your most recent.

1.) Name and address of Company: \_\_\_\_\_

Telephone \_\_\_\_\_ Type of Business \_\_\_\_\_ Job Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

May we contact your previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_

2.) Name and address of Company: \_\_\_\_\_

Telephone \_\_\_\_\_ Type of Business \_\_\_\_\_ Job Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Describe the work you did: \_\_\_\_\_

May we contact your previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_

3.) Name and address of Company: \_\_\_\_\_  
 Telephone \_\_\_\_\_ Type of Business \_\_\_\_\_ Job Title \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Describe the work you did: \_\_\_\_\_

May we contact your previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_

4.) Name and address of Company: \_\_\_\_\_  
 Telephone \_\_\_\_\_ Type of Business \_\_\_\_\_ Job Title \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Describe the work you did: \_\_\_\_\_

May we contact your previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**KNOWLEDGE, SKILLS AND ABILITIES:**

Provide information and attach documentation on related knowledge, skills and abilities related to position applying for only. (Attach additional sheets if needed)

\_\_\_\_\_  
 \_\_\_\_\_

**TRAINING/CERTIFICATE/LICENSE**

**Training/Certificates must be applicable to the position applied for and applicant must submit documentation to receive credit (Attach additional sheets if needed)**

Certified Agency	Type of training Certificate/License	Date Received
_____	_____	_____
_____	_____	_____

**Please list three (3) CURRENT REFERENCES other than Relatives, Preferably past employers. (Applicant must provide three (3) CURRENT LETTERS from the listed references to receive credit)**

Name	Telephone	Yrs. Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTE: Past employers and individual named will be contacted to provide relevant information & opinions that may be useful in making a hiring decision.**

**ATTENTION: THE APPLICATION MUST BE SIGNED. PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING**

**RELEASE OF INFORMATION**

A false answer to any question on this employment application will be grounds for non-consideration and/or dismissal after beginning employment.

I have completed this statement with the knowledge and understanding that any and all items contained herein may be subject to investigation and I consent to the release of information concerning capacity and fitness by Employers, Educational Institutions, Law Enforcement and other Agencies to duly Accredited Investigators, Personnel Directors, and authorized employees of the Standing Rock Housing Authority.

**CERTIFICATION**

I, CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION CONTAINED IN THIS APPLICATION WILL RESULT IN DENYING CONSIDERATION FOR EMPLOYMENT AND IMMEDIATE DISMISSAL IF DISCOVERED AT A LATER DATE.

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Signature of Applicant

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Date signed