



## 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



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

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

**\*Incomplete or unable to read 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**

- Degree of Indian Blood, DCIB Certified.
- Valid Driver's License & Proof of Insurance.
- Veteran Certificate DD-214. (if applies to the applicant)
- Present & Past Work Experience.
- Education (High School Diploma/GED Certificate/College Degree) – Certificates Only - **NO TRANSCRIPTS**
- Certificates of Training/Workshops. (Pertaining to the job only that you are Applying For)
- Three **(3) Current Year** Letter of References.

# APPLICATION FOR EMPLOYMENT

**APPLICANT:** We appreciate your interest and are sincerely interested in your qualifications by providing us information about your Skills, Abilities & Experience for the position.

Please fill in all blanks complete. Failure to complete application or answer all questions will be considered incomplete. **PLEASE Print legible or type information.**

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

## PERSONAL INFORMATION

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

Other Names Known by: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O. Box (Where do you receive your Mail)

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

Email \_\_\_\_\_

Date available for employment: \_\_\_\_\_  
Month/Day/Year

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 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 One or More of the following Crimes involving Children, Elderly, Disabled or Handicapped, Violence on a person(s), Drugs or Financial** related offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please explain: \_\_\_\_\_

A "Yes" answer does not automatically disqualify you 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. High school attended & Date or GED Certificate

\_\_\_\_\_

2. College Degree or Certificates and date(s) received.

\_\_\_\_\_

### **EMPLOYMENT INFORMATION**

List all employment, beginning with your present or most recent job.

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 \_\_\_\_\_

**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
_____	_____	_____
_____	_____	_____

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

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

**NOTE:** Past employers and individuals 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 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 certify this statement with the knowledge and understanding that all information provided herein may be subject to investigation.

I consent to the release of information 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 later.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date signed