



STANDING ROCK HOUSING AUTHORITY

1333 92nd 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)
- Past & Present Work Experience.
- Education (High School Diploma/GED Certificate/College Degree) -- Certificates Only No Transcripts
- Certificates of Training/Workshops. (Pertaining to Position Applying For)
- Three **(3)** Current Year Letter of References.

APPLICATION FOR EMPLOYMENT

TO APPLICANT: We appreciate your interest and are sincerely interested in your qualifications. 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

Other Names Known by: _____

Mailing Address: _____
P.O. Box

Contact Phone Numbers: _____
Home Work Message

Email _____

Date available for employment: _____

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

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 _____

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.