



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
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.

Signature of Applicant

Date signed