

## Fort Berthold Housing Authority P.O. BOX 310

#### New Town, ND 58763

Office Physical address: Highway 1804 North, Dakota Drive Telephone No. 701.627.4731 Fax No. 701.627.3802

#### The following must be attached to application:

- □ Copy of Driver's License (Required)
- □ Copy of Social Security Card (Required)
- □ Copy of Certification of Indian Blood (Required if enrolled)
- □ Copy of Diploma/Transcripts (Required)
- □ Copy of any certifications/training/documents for the position you are applying for (optional)

Upon review and acceptance as an eligible applicant, **your application will be kept for 90 days**. You must update changes (contact information), to your application by contacting Human Resource as soon as possible or your application will become ineligible for consideration.



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# APPLICATION FOR EMPLOYMENT

	Last Name	First Name	Middle Initial	Date of Application
	Street Address/P.O. Bo	)X		Home Telephone (Area Code First)
	City	State	Zip Code	Cell Phone
Ρ	Position Desired			Email (Optional)
E	If you claim Indian Prefer certificate must be attach	ence, of which tribe are you an enrolled r ned to this application)	nember? (A copy of your enrollment	Pay Expected
R	Are you a veteran?			In which program of the military (A copy of your DD-214 <b>Must</b> be attached)
S O		onvicted of a Felony crime or pled gu cessary disqualify applicant from em		If your answer is "yes", please explain at the end of the applicant form.
N	Are you legally eligible questionable, proof wi	for employment in the United State Il be required.)	s? (If citizenship status is	When would you be available to begin work?
Α	Do you have a valid Dr	iver's License? (A copy of your driver	's license <b>must</b> be attached)	State License No.
L	Are you available for f	ull-time work?		Will you work over time if requested?
	Were you ever previou	usly employed with FBHA?		Date(s) of employment

E D	<u>Level</u>	Name/Address of school	<u>Course of Study</u>	Yrs. Completed or Degree/Diploma
U	Graduate			
С	College			
A T	Business/Technical/Trade			
I O	High School (Must include copy of diploma or GED Certificate)			
N	Elementary			

A copy of all degrees, diplomas, certificates of completion <u>must</u> be attached.

Applications are valid for 90-days, and will not be returned to applicants.

# **EMPLOYMENT HISTORY:**

Please give accurate complete full-time and part-time employment. Start with your present or most recent employer for the past 7 years.

Company Name	Telephone No. (Area code first)		
Address	Employed (month/year)		
		From:	То:
Job Title	Supervisor	Salary/Wages	
		Start:	Last:
Describe your duties:	Reason for leaving position:		

Company Name	Telephone No. (Area code first)		
Address	Employed (month/year)	Employed (month/year)	
	From:	То:	
Job Title	Supervisor	Salary/Wages	
		Start:	Last:
Describe your duties:	Reason for leaving position:		

Company Name	Telephone No. (Area code first)		
Address	Employed (month/year)	Employed (month/year)	
		From:	То:
Job Title	Supervisor	Salary/Wages	
		Start:	Last:
Describe your duties:		Reason for leaving position:	

Company Name	Telephone No. (Area code first)		
Address	Employed (month/year)		
		From:	То:
Job Title	Supervisor	Salary/Wages	
		Start:	Last:
Describe your duties:		Reason for leaving position:	



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#### KNOWLEDGE, SKILLS, AND ABLILITIES:

#### **REFERENCES** Please list below three (3) references that are not related to you. You may include previous employers.

Name	Telephone Number (Area code first)

Name	Telephone Number (Area code first)
Nume	relephone Number (Area code msty

Name	Telephone Number (Area code first)

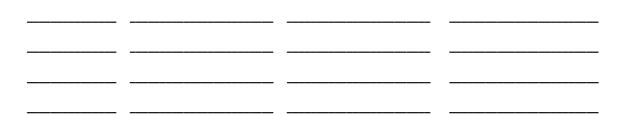
S	The information provided in the Application for Employment is true, correct and complete. My application will not be copied or returned to me. It				
Т	is property of Fort Berthold Housing Authority for employment purposes only.				
G	I understand that if I fail to provide documentation required to establish; tribal membership status, DD-214 for Veteran preference, or				
N	documentation for any education. Other type of employment preference, preference will not be applied to the application.				
Α	I am also hereby informed that no faxed applications will be accepted, and that no application received after the deadline will be considered. In				
т	addition, I understand that I must complete a new application for each position advertised, and my application will expire 90 days from the date				
U	received by Human Resource office.				
-	Date Signature of Applicant				
R	DateSignature of Applicant				
Ε					

A copy of all degrees, diplomas, certificates of completion <u>must</u> be attached.

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If you answered yes to the Question "Have you ever been convicted of a felony crime or pled guilty or no contest to any crime?" please provide the following information for each such:

Date of Conviction Criminal Charge or	Conviction Jurisdiction Charged/ Convicted	Sentence Imposed
	(Name of County/City/Federal/Tribe) (If charges were	dismissed without conviction state as such)





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## Authorization and Consent for Release of Information

Print Name	Position(s) applying		Primary Contract Ph#				
Current Address		State Zip Code		le	Secondary Contact Ph#		
Social Security Number Date of Birt		th	h Driver's License #		St	State Driver's License	
Name of Tribal Enrolled (if applicable)		Agency w	vhere enrolled				

I hereby authorize the Fort Berthold Housing Authorities (FBHA), third party investigator to conduct an investigation into my background, to obtain any relevant information related to any criminal, educational and professional background information from individuals, educational institutions, employers, personal references, and criminal justice agencies.

I understand that the information received pursuant to this consent is for official use by Fort Berthold Housing Authority solely for the purpose of determining my suitability for employment with Fort Berthold Housing Authority.

I further understand and agree that any Back-Ground information is confidential and the FBHA agree not to disclose this information to any individual, agency or third party outside of the FBHA that does not have a need to know such information that is not authorized in writing by me.

Signature

Date

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