



MANDAN, HIDATSA, ARIKARA NATION
Human Resources Department
307 5th Avenue New Town, North Dakota 58763
PH: (701) 627- 4781 Email: Recruitment@mhanation.com

APPLICANT INFORMATION

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

ALIASES/MAIDEN/ADOPTED/DIVORCED NAMES: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

NATIVE AMERICAN PREFERENCE: YES NO **SELECTIVE SERVICE:** YES NO

VETERAN PREFERENCE: YES NO

EDUCATION AND TRAINING BACKGROUND

HIGH SCHOOL

NAME: _____ ADDRESS: _____

YEARS COMPLETED 1 2 3 4 GRADUATED? YES NO

COLLEGE

NAME: _____ ADDRESS: _____

COURSE OF STUDY: _____ GRADUATED? YES NO DEGREE: _____

COLLEGE

NAME: _____ ADDRESS: _____

COURSE OF STUDY: _____ GRADUATED? YES NO DEGREE: _____

VOCATIONAL TRAINING

NAME: _____ ADDRESS: _____

COURSE OF STUDY: _____ GRADUATED? YES NO DEGREE: _____



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PROVIDE THREE (3) PROFESSIONAL CONTACTS

NAME: _____ EMAIL: _____ PHONE: _____

NAME: _____ EMAIL: _____ PHONE: _____

NAME: _____ EMAIL: _____ PHONE: _____

EMERGENCY CONTACTS

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

EMPLOYMENT HISTORY

EMPLOYER 1: _____ PHONE: _____

EMPLOYER ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ DATES EMPLOYED: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____ PHONE: _____

EMPLOYER ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ DATES EMPLOYED: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____ PHONE: _____

EMPLOYER ADDRESS: _____ SUPERVISOR: _____

JOB TITLE: _____ DATES EMPLOYED: _____

REASON FOR LEAVING: _____



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MISCELLANEOUS

Is there anything that would prevent you from performing duties in a reasonable and safe manner? YES NO

If YES, please explain: _____

Are you eligible to work in the United States? YES NO

Have you ever been convicted of a crime or felony that would prevent you from working for the MHA Nation? YES NO

If YES, please explain: _____

Are any of your children enrolled or eligible for enrollment with the MHA Nation? YES NO

If YES, please list children's names: _____

CERTIFICATION THAT MY ANSWERS ARE TRUE

My statements on this application and any attachments to it are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false, fraudulent, or misleading answer to any question or item on any part of this application or its attachments may be grounds for not hiring me (**for up to 6 months**), firing me after I begin work or immediate termination.

I certify that my responses to the above questions are made under the penalty of perjury which may be punishable by fine or imprisonment and that I have received notice that a national criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any national criminal history report made available to the Mandan, Hidatsa, Arikara Nation / Three Affiliated Tribes and my rights to challenge the accuracy and completeness of any information contained in the report.

NAME: _____

SIGNATURE: _____ DATE: _____



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BACKGROUND INVESTIGATION AUTHORIZATION

I authorize any investigator, or other duly accredited representatives of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include but is not limited to my academic, residential, achievement, performance, attendance, disciplinary, employment history, and national criminal history record information.

I further authorize any investigator, or other duly accredited representatives of the Mandan, Hidatsa Arikara Nation / Three Affiliated Tribes who are conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children.

I authorize custodians of records and other sources of information pertaining to me to release such information upon the request of the investigator or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the Mandan, Hidatsa Arikara Nation / Three Affiliated Tribes only for the purpose of determining my suitability for employment with the Mandan, Hidatsa, Arikara Nation / Three Affiliated Tribes.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Mandan, Hidatsa, Arikara Nation / Three Affiliated Tribes, whichever is sooner.

SIGNATURE: _____ **DATE:** _____

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

ALIASES/MAIDEN/ADOPTED/DIVORCED NAMES: _____ Jr., III., Etc. _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER (SSN): _____

PHONE NUMBER: _____ EMAIL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

IDENTIFICATION NUMBER: _____ STATE: _____

NATIVE AMERICAN TRIBE: _____ ENROLLMENT NUMBER: _____

SELECTIVE SERVICE NUMBER: _____

List all tribal reservations you have lived, worked or received criminal or traffic citations 18yo & up. No abbreviations

TRIBE: _____ TRIBE: _____ TRIBE: _____