

APPLICATION FOR EMPLOYMENT

All documents listed below must be attached to application to be considered complete.

- Completed SBC Job Application
- High School Diploma or Student Transcripts or GED Certificate
- 3 Current Reference Letters
- Current Drivers License
- Social Security Card
- Tribal ID or Birth Certificate
- Degree of Indian Blood (if applicable)
- SBC Background Check

In compliance with federal and tribal equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, marital status, or the presence of non job related medical conditions or handicap. Indian preference in employment is considered by Sitting Bull College Board of Trustees.





APPLICATION FOR EMPLOYMENT

Fill out completely, Please Print

Position: _____ Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street/PO Box City State Zip

Telephone: (Home) _____ (Work) _____

Are you known by another name to schools and references? () Yes () No

If yes, by what name? _____

Were you previously employed at Sitting Bull College? () Yes () No

If Yes, dates of employment and position held: _____

How did you learn of this position? _____

Do you wish to work: () Full-time () Part-time (If Part-time) From: _____

If employed, when will you be available to work? _____

Are you claiming Indian Preference? () Yes () No (if yes, Submit Documentation)

Have you ever been convicted of a felony or been released from prison? _____

If yes, please explain: _____

EDUCATIONAL BACKGROUND

High School Address: _____

Graduated: () Yes () No () GED Year: _____

College or University/Address: (To complete application, transcripts must accompany the application form.)

Trade School/Other/Address Field Graduated () Yes () No

*** To complete application, transcripts must accompany the application form.**

EMPLOYMENT EXPERIENCE

Please complete the following for each job that you held, starting with your present or most recent Job. It is very important that you complete all information requested in order for Sitting Bull College to be able to properly assess your job experience. Attach additional sheets if necessary.

Name of employer: _____ Supervisor: _____
 Address: _____ Telephone: _____
 Job Title: _____ Salary: _____
 Starting Date: _____ Ending Date: _____ Reason for leaving: _____
 Describe Duties: _____

Name of employer: _____ Supervisor: _____
 Address: _____ Telephone: _____
 Job Title: _____ Salary: _____
 Starting Date: _____ Ending Date: _____ Reason for leaving: _____

Name of employer: _____ Supervisor: _____
 Address: _____ Telephone: _____
 Job Title: _____ Salary: _____
 Starting Date: _____ Ending Date: _____ Reason for leaving: _____
 Describe Duties: _____

REFERENCES

1	Name	Occupation/Title	Address	Telephone#	Years Known
2					
3					

*** Three current letters of reference are required to be submitted with this application.**

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge and hereby authorize designated Sitting Bull College staff to conduct follow-up consultation regarding my previous employment and other information as may be necessary in arriving at an employment decision. I authorize a criminal records background check. I also understand that if employed, I will be subject to pre-employment drug/alcohol testing. I hereby release the Sitting Bull College Board of Trustees and their designated staff from all liability for other employer's or individual response to inquire in connection with this application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Sitting Bull College
Attn: Business Office
9299 Hwy 24
Fort Yates, ND 58538
Phone: (701) 854-8004
fax (701) 854-2345

Applicant Signature

Date

SITTING BULL COLLEGE
RELEASE AND AUTHORIZATION FOR BACKGROUND CHECK

As a condition of my employment (including contract for services), I understand and acknowledge that the Sitting Bull College will conduct an investigation in to my personal background for employment, promotion, reassignment, and retention as an employee. I understand that these investigative reports may contain public record information, which includes criminal records, driving record, education, prior employer verification and worker compensation claims. I understand that the information will be requested from various Federal, State, Local, and Tribal agencies that contain past records of my activities.

I hereby authorize without reservation, any party or agency contacted by the Sitting Bull College to furnish the above-mentioned information.

I have the right to make a request of the Sitting Bull College for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment or service contract.

Print your name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Drivers License State: _____ License Number: _____

For Identification Purposes:

Date of Birth: Month _____ Day _____ Year _____ Race _____ Gender _____

Other former names: _____

States resided in the last Ten years: _____

Professional License: State _____ Type _____ Number _____

Signature: _____ Date: _____