

STANDING ROCK PUBLIC TRANSPORTATION

APPLICATION FOR EMPLOYMENT

CHECKLIST

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

- Completed Standing Rock Public Transit Job Application and Background Check Form
- High School Diploma or GED Certificate for all positions
- College transcript for Director, Operations Supervisor and Dispatch positions
- 3 current reference letters, 1 must be from a previous supervisor
- Certificate of Indian Blood
- Certification of Veterans Status

Sitting Bull College
9299 Highway 24
Fort Yates, ND 58538
(701) 854-8010

**STANDING ROCK PUBLIC TRANSIT
APPLICATION FOR EMPLOYMENT**

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

Position applying for: _____ Date of Application: _____

Name: _____
Last First Middle

Address: _____
Street/PO Box City State Zip Code

Telephone: (Home) _____ (Work) _____

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

If yes, by what name(s)? _____

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 employed, when will you be available to work? _____

Are you claiming Indian or Veterans Preference? () Yes () No (if yes, submit documentation - blacken out birth dates and social security number)

EDUCATIONAL BACKGROUND

High School Name & Address: _____

Graduated: () Yes () No () GED

College or University/Address:

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

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: _____
Were you subject to the Federal Motor Carrier Safety Administration: () Yes () No
Describe Duties:

Name of employer: _____ Supervisor: _____
Address: _____ Telephone: () _____
Job Title: _____ Salary: _____
Starting Date: _____ Ending Date: _____ Reason for leaving: _____
Were you subject to the Federal Motor Carrier Safety Administration: () Yes () No
Describe Duties:

Name of employer: _____ Supervisor: _____
Address: _____ Telephone: () _____
Job Title: _____ Salary: _____
Starting Date: _____ Ending Date: _____ Reason for leaving: _____
Were you subject to the Federal Motor Carrier Safety Administration: () Yes () No
Describe Duties:

REFERENCES

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

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 understand that if I am offered a position with Sitting Bull College that I will be subject to pre-employment and random drug testing, a criminal records and motor vehicle background check. I hereby release the Sitting Bull College Board of Trustees and their designated staff from all liability for other employees 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.

Applicant Signature

Date

Applications may be delivered or mailed to:

Sitting Bull College
Att: Personnel Office
9299 Highway 24
Fort Yates, ND 58538

For questions regarding the Transportation Program jobs please call the Transit Director at (701) 854-8090.

New hires are subject to Federal, State, Tribal background checks and pre-employment drug/alcohol testing. Must be drug and alcohol free. AA * EEO * M * F * V Employer. Please submit: Letter of Intent, Resume, official transcripts, 3 current reference letters signed and dated (1 from immediate supervisor), certificate of Indian blood (if applicable), copy of Social Security Card & Valid driver's license & SBC Background check to: Personnel Office Sitting Bull College 9299 HWY 24 Fort Yates, ND 58538 (701)854-8004 Any applicant not having the above documents enclosed will not be considered.

**SITTING BULL COLLEGE (TRANSIT PROGRAM)
RELEASE AND AUTHORIZATION FOR BACKGROUND CHECKS**

As a condition of my pre-employment requirements (including contract and volunteer services), I understand and acknowledge that Sitting Bull College will conduct an investigation into 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 drug test results, criminal records, motor vehicle records, education, prior employer verification and work 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 have the right to request that Sitting Bull College provide me the information from my background check at the time of my request.**

Print your name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (required): _____

List States that you have resided in for the past 10 years: _____

For Identification Purposes: (attach copy of social security card)

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

Social Security Number: _____

Other former names: _____

Tribal Affiliation (if applicable): _____

Motor Vehicle Background Check: (attach copy of drivers license)

Last issuing State, _____, Drivers License Number _____, License Expiration _____

List if any, motor vehicle accidents during the last 3 years.

Date(s): _____

Nature of accident: _____

Fatalities of injuries: _____

Have you had any violations of motor vehicle laws or ordinances for which you were convicted or forfeited bond or collateral for the past 3 years: () Yes () No

If yes, explain: _____

Have you had a denial, revocation, or suspension of your license, permit, or privilege to operate a motor vehicle? () Yes () No

If yes, explain: _____

Criminal Background Check

Have you ever been convicted of any felony or misdemeanor involving crimes of violence, sexual assault, molestation, exploitation, contact or prostitution, crimes against persons, or offences committed against children? () YES () NO

If yes, please explain: _____

Are you currently on probation or parole or have you been released from prison in the last five years: () YES () NO

If yes please explain: _____

Applicant Drug Testing Acknowledgment

Have you ever had a positive drug test result, refused to test on a DOT pre-employment drug test in the past 2 years or had any other violations of DOT agency drug and alcohol testing regulations? () YES () NO

If the answer is yes, applicants are required to complete the Previous Employer Drug and Alcohol Testing Release Form found in the Standing Rock Public Transit Standard Operating Procedures. A separate form must be sent to each previous DOT-regulated drug and alcohol employer.

I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR parts 40 & 655. I understand that a negative test result is required before I will be able to perform a safety sensitive function. Participation in the federal drug and alcohol testing program is a condition of employment.

Authorization

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

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

Signature of applicant

Witness

Date

Date