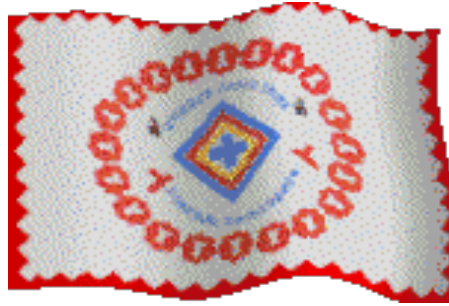


# ROSEBUD SIOUX TRIBE EMPLOYMENT APPLICATION



A POINT SYSTEM HAS BEEN ESTABLISHED BY THE ROSEBUD SIOUX TRIBE TO ASSIST IN THE SELECTION PROCESS OF EMPLOYMENT.

TO INSURE A COMPLETE APPLICATION AND TO SPEED THE PROCESSING, PLEASE ATTACH ALL APPLICABLE VERIFICATION AS LISTED BELOW:

1. VETERANS PREFERENCE [    ]
2. TRIBAL ABSTRACT OF CENSUS or TRIBAL ID [    ]
3. HIGH SCHOOL DIPLOMA OR GED [    ]
4. COLLEGE DEGREE [    ]
5. ANY CERTIFICATES [    ]
6. UPDATE RESUME [    ]

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ATTACH THE PROPER DOCUMENTATION TO THE APPLICATION.

\*\*\*\*\*

ROSEBUD SIOUX TRIBAL MEMBERS ARE GIVEN PREFERENCE FOR JOBS.

*\*A Letter will be sent to you if you are selected or not for the position you applied for\**

## **\*\*IMPORTANT NOTICE\*\***

According to Ordinance 2020-10, Personnel Policies & Procedures Manual; Article III, Employment Conditions & Provisions; Section A, Hiring Practices; Subsection 7, Hiring & Rejection of Applicants; Paragraph 2, Written notifications of Rejections; Which reads in part, “Applications must be retained by the Human Resources Department for a period of thirty (30) days after the hiring process is completed. At the end of this period, the applications will be destroyed.”

Application can be picked up within 30 days after Advertisement is closed if you were not selected for the position. Application will be destroyed if not picked up.

## ***ROSEBUD SIOUX TRIBE EMPLOYMENT APPLICATION***

>>>><<<< >>>><<<< >>>><<<< >>>><<<< >>>><<<< >>>><<<<

**ROSEBUD SIOUX TRIBE  
PERSONNEL OFFICE  
P.O. BOX 430  
ROSEBUD, SOUTH DAKOTA 57570  
(605)747-2381 FAX: (605)747-5165**

>>>><<<< >>>><<<< >>>><<<< >>>><<<< >>>><<<< >>>><<<<

**(PLEASE PRINT)**

<b>Position Applied For:</b>	<b>What Program:</b>	<b>Date of Application:</b>
------------------------------	----------------------	-----------------------------

**How Did You Learn About Us:**

☐ Advertisement      ☐ Friend      ☐ Walk In      ☐ Relative      ☐ Employment Agency  
☐ Other \_\_\_\_\_

<b>LAST Name:</b>	<b>FIRST Name:</b>	<b>MIDDLE Initial:</b>
-------------------	--------------------	------------------------

<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
-----------------	--------------	---------------	------------------

<b>Telephone No:</b>	<b>Date of Birth:</b>	<b>Social Security No:</b>
----------------------	-----------------------	----------------------------

Have you been employed with us before? ☐ Yes    ☐ No

If you are under 18 year of age,  
Can you provide proof of eligibility to work? ☐ Yes    ☐ No

Are you currently employed? ☐ Yes    ☐ No

**May we contact your present employer?** ☐ Yes ☐ No

**Are you available to work?** ☐ Full Time ☐ Part time ☐ Shift Status  
☐ Temporary

**On what date would you be available to work?** \_\_\_\_\_

**Are you currently on “lay off” status and subject to recall?** ☐ Yes ☐ No

**Have you been convicted of a felony within the last 7 years?** ☐ Yes ☐ No  
(Conviction will not necessarily disqualify an applicant from employment)

**Are you an enrolled member of the Rosebud Sioux Tribe?** ☐ Yes ☐ No  
If No, Which Native Tribe \_\_\_\_\_  
(Attach copy of enrollment abstract or I.D)

**Are you Fluent in your Native Language?** ☐ Yes ☐ No

**Are you registered with the Selected Service System?** ☐ Yes ☐ No  
(Male Ages 18 to 25 years old) If not we have forms.

**Are you an Indian married to a Rosebud Sioux Tribe member?** ☐ Yes ☐ No

**Are you a non-Indian married to a Rosebud Sioux Tribe member?** ☐ Yes ☐ No

**Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be Requires upon employment)** ☐ Yes ☐ No

**Do you have a valid South Dakota Driver’s License?** ☐ Yes ☐ No

**If yes, what class?** \_\_\_\_\_

**Do you have reliable transportation?** ☐ Yes ☐ No

**Have you served in the United States Military Service?** ☐ Yes ☐ No

**Were you discharged from the Military Service under honorable conditions? (please attach verification)** ☐ Yes ☐ No

**List dates and branch for all active duty military service** ☐ Yes ☐ No

**Have you ever had any job-related training in the United States Military?** ☐ Yes ☐ No

**If yes, please describe** \_\_\_\_\_

---

List all position you have held in the last 10 years. Account for volunteer, part-time, military, summer positions of unemployment, etc. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. List each change of title or promotion separately. Resumes may be attached. Check the job announcement for details on the qualifications the Program is seeking. Start with your present or most recent position and work backwards. Attach additional sheets as necessary. You may exclude disability or other protested status.

---

FROM: / / TO: / / JOB TITLE: \_\_\_\_\_  
HOURS/WEEK: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
EMPLOYER NAME & ADDRESS: \_\_\_\_\_

D U T I E S /  
RESPONSIBILITIES: \_\_\_\_\_

---

STARTING SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

---

FROM: / / TO: / / JOB TITLE: \_\_\_\_\_  
HOURS/WEEK: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
EMPLOYER NAME & ADDRESS: \_\_\_\_\_

DUTIES/  
RESPONSIBILITIES: \_\_\_\_\_

---

STARTING SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

---

FROM: / / TO: / / JOB TITLE: \_\_\_\_\_  
HOURS/WEEK: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
EMPLOYER NAME & ADDRESS: \_\_\_\_\_

---

**D U T I E S /**  
**RESPONSIBILITIES:**\_\_\_\_\_

\_\_\_\_\_  
**STARTING SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_ FINAL SALARY: \$ \_\_\_\_\_ PER \_\_\_\_\_**  
**Reason for leaving:**\_\_\_\_\_

\_\_\_\_\_  
**List professional trade, business or civic activities and offices held:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	////////			
Describe Course of Study	////////			
Describe Specialized Training, Apprenticeship Skills and Extra Curricular Activities.				
Honors Received				

## SPECIAL SKILLS AND QUALIFICATIONS

**Summarize special job-related skills and qualifications acquired from employment or other experiences.**

[illegible]

**Update any information you feel may be helpful to add in considering your application.**\_\_\_\_\_

---

---

---

---

---

---

>>>><<<< >>>><<<< >>>><<<< >>>><<<< >>>><<<< >>>><<<<

**APPLICANT STATEMENT**

**SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION**

**You must sign this application. Read the following carefully before you sign.**

**A false statement to any part of your application may be grounds for not employing you or for dismissing you after you begin work.**

**It is my understanding that the Rosebud Sioux Tribe will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the given and receipt of any information requested by the Rosebud Sioux Tribe and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, my subject me to immediate dismissal.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.**

**I certify that, to the best of my knowledge and belief, all my statements are true, correct, complete, and made in good faith.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

>>>><<<< >>>><<<< >>>><<<< >>>><<<< >>>><<<< >>>><<<<

***\*\*FOR PERSONNEL OFFICE USE ONLY\*\****

\_\_\_\_\_  
**Date Received**

\_\_\_\_\_  
**Personnel**

\_\_\_\_\_  
**A.D. No.**

\_\_\_\_\_  
**Program**

>>>><<<< >>>><<<< >>>><<<< >>>><<<< >>>><<<< >>>><<<<