



Fort Peck Housing Authority

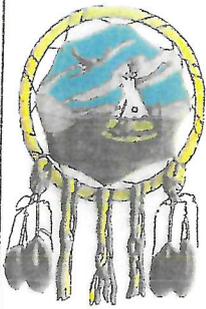
PO Box 667 • Poplar, MT. 59255 • Phone (406) 768-3459 • Fax (406) 768-5489

Job Application Checklist:

Any application that doesn't include the following will be deemed incomplete and you will not be considered for the position.

- Signed and Dated Application
- Copy of High School Diploma or GED Certificate
- Copy of any College Degrees and/or job certificates pertaining to the job you are applying for
- Copy of Driver's License
- Copy of Tribal I.D.
- 3 Letters of Recommendation
- Job Resumé

If you have any questions, feel free to call and ask to speak with Michelle Trottier, H.R. Manager at (406) 768-3459.



FORT PECK HOUSING AUTHORITY
APPLICATION FOR EMPLOYMENT
(AN EQUAL OPPORTUNITY EMPLOYER)

POSITION YOU ARE APPLYING FOR: _____

PERSONAL INFORMATION

NAME: LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

P.O. BOX CITY STATE ZIP

PHYSICAL ADDRESS STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER YES NO PHONE NO:

ALTERNATE (MESSAGE) PHONE NO:

EMERGENCY CONTACT:

NAME ADDRESS PHONE NO.

ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED TRIBE: YES NO

IF YES WHAT TRIBE WHERE

ENROLLMENT NUMBER DATE OF BIRTH

ARE YOU A CITIZEN OF THE UNITED STATES YES NO
(IN MOST CASES, YOU MUST BE A CITIZEN TO BE HIRED. YOU MAY BE ASKED TO SUBMIT PROOF OF CITIZENSHIP)

ARE YOU AVAILABLE TO WORK? FULL TIME PART TIME TEMPORARY

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER YES NO

EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?

EVER WORKED FOR THIS COMPANY BEFORE? WHERE? WHEN?

REASON FOR LEAVING

EMPLOYMENT HISTORY (LIST BELOW LAST THREE EMPLOYERS WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISORY

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

EMPLOYMENT HISTORY (LIST BELOW LAST THREE EMPLOYERS WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

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REASON FOR LEAVING

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME

ADDRESS

BUSINESS

YEARS ACQUAINTED

SERVICE RECORD

BRANCH OF SERVICE

DISCHARGE DATE

RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

DATE
OBLIGATION ENDS

SPECIAL QUESTIONS

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS YES NO

DESCRIBE

FULL NAME AS IT APPEARS ON DRIVERS LICENSE

TYPE OF LICENSE OPERATOR COMMERCIAL ABC

ENDORSEMENTS: (PLEASE INCLUDE CDL)

PASSENGER MOTORCYCLE OTHER

ANY SPECIAL DRIVING COURSES COMPLETED

I understand and agree that, I may be required to take one or more physical examination, drug test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, agents or employees from any claim arising in connection with the use of such test(s).

Yes No

AUTHORIZATION

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, as either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at anytime by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

DATE

SIGNATURE

for
Fort Peck Housing Authority

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish _____
Fort Peck Housing Authority
and **MAXIMUM REPORTS, INC.**, and/or its representative's permission and authority to conduct a background check. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references, and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of _____
Fort Peck Housing Authority
and **MAXIMUM REPORTS, INC.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism, or financial loss that may result from use of information obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

Applicant Full Name (Please Print)

Tribal Affiliation (If Applicable)

Maiden Name or Also Known As (If applicable)

Last 4 of Social Security Number

Driver's License Number (If applicable)

Date of Birth

Address

City

State

Zip

Signature

Date

NAME OF LAST SUPERVISOR AT THIS COMPANY

WHO REFERRED YOU
TO THIS COMPANY

EMPLOYMENT AGENCY

NEWSPAPER

OTHER

STATE EMPLOYMENT OFFICE

COLLEGE PLACEMENT

WALK IN

FRIEND

TYPING

WORDS PER MINUTE

SHORTHAND

WORDS PER MINUTE

COMPUTER SKILLS (LIST PROGRAMS AND SOFTWARE BELOW) _____ YES _____ NO

LIST OTHER SKILL, TRAINING, CERTIFICATES, OR LICENSES THAT MAY HELP GET THE JOB BELOW:
(INCLUDE LANGUAGES, EQUIPMENT, ETC.)

EDUCATION

HIGH SCHOOL NAME AND LOCATION

DID YOU GRADUATE: _____ YES _____ NO

GRAMMER SCHOOL

COLLEGE

VOCATIONAL SCHOOL

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

EMPLOYMENT HISTORY (LIST BELOW LAST THREE EMPLOYERS WITH LAST ONE FIRST)

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STARTING DATE

MONTH

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