



Northern Arapaho Tribe

P.O. Box 396
Fort Washakie, WY 82514
Phone: (307)332-2499 Fax: (307)335-3596



APPLICANT INFORMATION

| | | |
|--|------------------------|------------------|
| Last Name | First | M.I. |
| Mailing Address | | Apartment/Unit # |
| City | State | ZIP |
| Phone | Social Security Number | Birthdate |
| Driver License or ID (State, Number, Expiration) | | |
| Tribal Affiliation (Name of Tribe and Number) | | |

POSITION INFORMATION

| | | | | | |
|--|------------------------------------|------------------------------------|--|------------------------------|-----------------------------|
| Date Available | Desired Salary | | | | |
| Position(s) Applied for | | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for The Northern Arapaho Tribe? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | |
| Do you have any relatives working for the department you are applying for? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, Name and Department? | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | |
| <input type="checkbox"/> FULL TIME | <input type="checkbox"/> PART TIME | <input type="checkbox"/> TEMPORARY | <input type="checkbox"/> SEASONAL | | |

EDUCATION

| | | | | | |
|-------------|---------|-------------------|------------------------------|-----------------------------|--------|
| High School | Address | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | Address | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | Address | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

List additional job related training and/or skills

IN CASE OF EMERGENCY

| | | | |
|-----------|--|--------------|--|
| Full Name | | Relationship | |
| Address | | Phone | |

REFERENCES

Please list three professional references.

| | | | |
|-----------|--|--------------|--|
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |

PREVIOUS EMPLOYMENT *START WITH THE MOST RECENT*

| | | |
|--|--------------------|--------------------|
| Company | | Phone |
| Address | | Supervisor |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | | Phone |
| Address | | Supervisor |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | | Phone |
| Address | | Supervisor |
| Job Title | Starting Salary \$ | Ending Salary \$ |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| MILITARY SERVICE | | |
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |
| DISCLAIMER AND SIGNATURE | | |
| I certify that the statements made in this application are true, correct and complete to the best of my knowledge. I understand that providing false or misleading information may result in termination of my employment. I authorize the Northern Arapaho Tribe Human Resources Department to verify any of the statements, employment I education information provided and to solicit information in connection with this application. I hereby release the Northern Arapaho Tribe and any other organization, company or individual listed on this application, from any liability for providing information relative to this application. If accepted for employment by the Northern Arapaho Tribe, I agree to read the Human Resource Policies and Procedures and to abide by all Tribal and departmental policies and procedures. | | |
| I understand that, should I terminate or be terminated from any position with the Northern Arapaho Tribe, I will be responsible to pay for any monies due for loans, advances, or lost or damaged equipment or uniforms. | | |
| I understand that the Northern Arapaho Tribe is a DRUGFREE WORKPLACE. All employment offers are contingent upon my successfully passing a drug and alcohol screening. All employees are subject to random drug testing, testing following any on-the-job accident or injury to persons or property, and when a supervisor reasonably believes an employee is unfit for duty. If an employee refuses to test or tests positive, they may be terminated in accordance with the policy set forth in Section 9 of the HR Policies and Procedures. | | |
| Upon notice I will agree to drug test with in one (1) hour time frame. | | |
| Signature | Date | |