

**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

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.



SITTING BULL COLLEGE 9299 HWY 24, FORT YATES, ND 58538  
(701) 854-8000



**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

	Name	Occupation/Title	Address	Telephone#	Years Known
1	_____	_____	_____	_____	_____
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) 854-8052**  
**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: \_\_\_\_\_