

**Sitting Bull College**  
**1341 92<sup>nd</sup> Street**  
**Fort Yates, ND 58538**  
**(701) 854-8000**

**STANDING ROCK PUBLIC TRANSPORTATION**  
**APPLICATION FOR EMPLOYMENT**

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 hand Indian preference in employment is considered by Sitting Bull College Board of Trustees.

Position: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/PO Box City State Zip

List additional addresses for previous three (3) yea \_\_\_\_\_

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

**MOTOR VEHICLE BACKGROUND**

List issuing State \_\_\_\_\_, Driver License Number \_\_\_\_\_, License Expiration \_\_\_\_\_

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

Date(s): \_\_\_\_\_

Nature of accident: \_\_\_\_\_

Fatalities or 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: \_\_\_\_\_

## 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 authorize a criminal records background check. I also understand that if employed, I will be subject to drug testing. 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.

**Application process: Submit complete application with required documentation; official transcripts, 3 current reference letters (2 reference letters and 1 from supervisor), drivers license ( your drivers license will be submitted to our insurance carrier for approval) Social Security Card or Valid Picture Identification, degree of Indian blood. Mail to:**

**Sitting Bull College  
 Attn: Personnel Office  
 1341 92nd Street  
 Fort Yates, ND 58538**

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

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