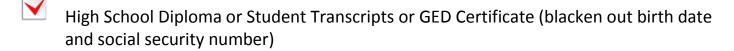
STANDING ROCK PUBLIC TRANSPORTATION

APPLICATION FOR EMPLOYMENT

CHECKLIST

All documents listed below must be attached to application to be considered complete





- College transcript, if job description requires it (blacken out birth date and social security number)
- 3 current reference letters, 1 must be from a supervisor
- Certificate of Indian Blood (blacken out photo, birth date and social security number)
- Certification of Veterans Status (blacken out photo, birth date and social security number)



Sitting Bull College 9299 Highway 24 Fort Yates, ND 58538 (701) 854-8010

STANDING ROCK PUBLIC TRANSIT APPLICATION FOR EMPLOYMENT

In compliance with federal and tribal equal opportunity laws, qualified applicants are considered for all position without regard to race, religion, sex, national origin, marital status, age, or the presence of non job related medical conditions or disability. Indian and Veterans preference in employment is considered by the Sitting Bull College Board of Trustees.

Position applying for:	g for:Date of Application:				
Name:					
Last	First	Middle	!		
Address:	·				
Street/PO Box	City	State	Zip Code		
Telephone: (Home)	(Work)				
Are you known by another name to e If yes, by what name(s)?	• •	· · · · · ·			
Were you previously employed at Sitt If yes, dates of employment and posit					
How did you learn of this position?					
Do you wish to work: () Full-time	() Part-time				
If employed, when will you be availab	ole to work?		_		
Are you claiming Indian or Veterans Pout birth dates and social security numbers		f yes, submit documenta	ation - blacken		
	EDUCATIONAL BACKGROUN	ND			
High School Name & Address: Graduated: () Yes () No ()					
College or University/Address:					

Trade School/Other/Address:	Field:	Graduated	() Yes () N	0					
EMPLOYMENT EXPERIENCE									
Please complete the following fo very important that you complet properly assess your job experier	e all information	requested in order for	Sitting Bull Colleg	=					
Name of employer:		Supervis	or:						
Address:									
Job Title:		Sala	rv:						
Starting Date: End Were you subject to the Federal Describe Duties:		Reason for leavin	g:						
Name of employer:		Supervis	or:						
Address:									
Job Title:									
Starting Date: End			g:						
Were you subject to the Federal Describe Duties:									
Name of employer:Address:									
Job Title:									
Starting Date: End	ding Date:	Reason for leavin	g:						
Were you subject to the Federal Describe Duties:									

REFERENCES

	Name	Occupation/Title	Address	Telephone #	Years Known				
1.									
2. 3.									
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 understand that if I am offered a position with Sitting Bull College that I will be subject to pre-employment and random drug testing, a criminal records and motor vehicle background check. 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.									
	Α	applicant Signature			Date				

Applications may be delivered or mailed to:
Sitting Bull College
Att: Personnel Office
9299 Highway 24
Fort Yates, ND 58538

For questions regarding the Transportation Program jobs please call the Transit Director at (701) 854-8090.