

**APPLICATION FOR EMPLOYMENT  
SANTEE SIOUX NATION OF NEBRASKA**

425 FRAZIER AVE. N. STE. 2

NIOBRARA, NE 68760-7219

PHONE: (402) 857-2302

FAX: (402)857-2307

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Special Training or Skills that would benefit you in the job for which you are applying: \_\_\_\_\_

Would you accept Full-Time or Part-Time? Please circle one.

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_ No \_\_\_\_ Dates: \_\_\_\_\_

Do you have a legal right to be employed in the U.S.? Yes \_\_\_\_ No \_\_\_\_

Are you a Santee Sioux Tribal Member? Yes \_\_\_\_ No \_\_\_\_ Enrollment Number: \_\_\_\_\_

Are you a member of another Native American Tribe? Yes \_\_\_\_ No \_\_\_\_

Are you a Spouse of an Enrolled Member of the Santee Sioux Nation? Yes \_\_\_\_ No \_\_\_\_

Do you have a Valid Driver's License? Yes \_\_\_\_ No \_\_\_\_

If yes, Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you a Veteran of the United States Military? Yes \_\_\_\_ No \_\_\_\_

EDUCATIONAL BACKGROUND

Grammar School:

Name and Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate: Yes \_\_\_\_ No \_\_\_\_

High School:

Name and Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

Degree or Diploma: \_\_\_\_\_

College:

Name and Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

Degree or Diploma: \_\_\_\_\_

Graduate School:

Name and Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

Degree or Diploma: \_\_\_\_\_

Vocational or other Training:

Name and Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Did you graduate? Yes \_\_\_\_\_ No \_\_\_\_\_

PREVIOUS EMPLOYERS: List the most recent employer first.

1. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Position: \_\_\_\_\_ Last Wage Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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2. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Position: \_\_\_\_\_ Last Wage Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Position: \_\_\_\_\_ Last Wage Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List Two (2) Personal References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

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, or 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, at either my or the company's option. Per Tribal Policy, you may have to submit to a Drug Test, and a Criminal Background Check.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_