

# STONE CHILD COLLEGE APPLICATION FOR EMPLOYMENT

8294 Upper Box Elder Rd., Box Elder, MT 59521 - 406.395.4875/fax 406-395-4836

SCC will give preference in hiring to qualified Chippewa Cree tribal members.

Position Applying for:

Date:

## Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone:

Work Phone:

Cell Phone:

Email Address: (if available) \_\_\_\_\_

## Employment Information

Current Employer: (if any) \_\_\_\_\_

Years of Work Experience directly related to the position you are applying for: \_\_\_\_\_

Employment Type Desired:  Full-Time  Part-Time

When are you available to start work? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying with or without accommodations?  No  Yes

Describe the function(s) that cannot be performed or required accommodations.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions):

## Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				
Professional School				

### Criminal History

**HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR** (except any minor traffic violations)?  No  Yes

If yes, please explain and attach any relevant documentation. \_\_\_\_\_  
 \_\_\_\_\_

### Drivers License Information

**DO YOU HAVE A VALID DRIVER'S LICENSE?**  Yes  No

Do you have reliable transportation to work (please be specific)? \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Operator  Commercial (CDL)  Chauffeur Do you have a clean driving record?  Yes  No

List any Moving Violations and/or Accidents from the last 3 years: \_\_\_\_\_  
 \_\_\_\_\_

### Military Service

**HAVE YOU EVER BEEN IN THE ARMED FORCES?**  Yes  No Branch: \_\_\_\_\_

**ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD or RESERVES?**  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

### Work Experience

**Please list your work experience for the past 5 years beginning with your most recent job.**

If you were self-employed, give firm name. Attach additional sheets if necessary. Attach Resume.

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address with city/state/zip:		From To	Start Final
Phone:	Your last job title		
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address with city/state/zip:		From To	Start Final
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May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address with city/state/zip:		From To	Start Final
Phone:	Your last job title		
Specific reason for leaving			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Additional Information

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. If you have a resume, please include it with this application.

**Professional References**

Please list 3-4 people you have worked with who can attest to your On-the-Job experience and performance.

<b>Name</b> _____ Position _____ Company _____ Telephone ( _____ ) _____ Email Address _____	<b>Name</b> _____ Position _____ Company _____ Telephone ( _____ ) _____ Email Address _____
<b>Name</b> _____ Position _____ Company _____ Telephone _____ Email Address _____	<b>Name</b> _____ Position _____ Company _____ Telephone _____ Email Address _____

**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Stone Child College creates an actual or implied contract of employment. I understand that, if I accept employment with Stone Child College, it will be on an at-will basis. This means that either Stone Child College or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to pre-employment drug testing, if requested by Stone Child College. I release Stone Child College, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Stone Child College to investigate information concerning my education, licensing, certifications, driving record, criminal history, employment experiences and all other aspects of my background relevant to my proposed employment.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Print Name:** \_\_\_\_\_

Stone Child College is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Stone Child College depends solely on your qualifications, and years of experience.