





# THE CONFEDERATED SALISH & KOOTENAI TRIBES OF THE FLATHEAD RESERVATION



A People of Vision

## APPLICATION FOR EMPLOYMENT

**SPECIFIC POSTION YOU ARE APPLYING FOR:** \_\_\_\_\_

### **PERSONAL BACKGROUND**

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

Date of Birth: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
Number and Street or PO Box

\_\_\_\_\_ City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Message/Cell Phone: \_\_\_\_\_

Are you enrolled in the CS&K Tribes?: Yes \_\_\_ No \_\_\_ If yes, give your enrollment #: \_\_\_\_\_

#### **IF YOU ARE NOT ENROLLED IN THE CS&K TRIBES:**

a. Are either of your parents enrolled: YES \_\_\_ NO \_\_\_ if yes state his/her enrolled name(s).

\_\_\_\_\_  
\_\_\_\_\_

b. Is your spouse enrolled? YES \_\_\_ NO \_\_\_ if yes, state his/her enrolled name and the date of marriage: \_\_\_\_\_

c. Are you enrolled in another tribe? YES \_\_\_ NO \_\_\_ if yes, attach documentation.

**ARE ANY MEMBERS OF YOUR IMMEDIATE FAMILY** (*Husband, wife, son, daughter, father, mother, brother, sister, grandfather, grandmother, grandson, granddaughter*) **CURRENTLY EMPLOYED BY THE CS&K TRIBES:** YES \_\_\_ NO \_\_\_ If yes complete the following:

Name of Relative	Where Employed	Position Held	Relationship to You
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HAVE YOU SERVED IN THE MILITARY:** YES \_\_\_\_\_ NO \_\_\_\_\_ *if yes, attach your most recent DD214.*

**DO YOU HAVE A VALID DRIVER'S LICENSE:** Yes \_\_\_\_\_ No \_\_\_\_\_ If not; is there anything that may prevent you from being eligible for a license? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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## **EDUCATION AND TRAINING BACKGROUND**

NAME OF HIGH SCHOOL: \_\_\_\_\_ DID YOU GRADUATE: YES \_\_\_ NO \_\_\_

DO YOU HAVE A GED: Yes \_\_\_ No \_\_\_ if yes, date received: \_\_\_\_\_

**NAME OF COLLEGE, VOTECH OR OTHER SCHOOL:**

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Dates attended: \_\_\_\_\_

Area(s) of study \_\_\_\_\_

Degree, diploma, or certificate and date(s) received: \_\_\_\_\_

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If you did not receive a degree, diploma or certificate, indicate the total semester or quarter credits received and the major subjects studies: \_\_\_\_\_

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IF YOU HAVE RECEIVED ANY OTHER TYPE OF EDUCATION OR TRAINING, PLEASE DESCRIBE:

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**WHAT IS THE LOWEST SALARY YOU WILL ACCEPT:** \_\_\_\_\_

**EARLIEST DATE YOU CAN START EMPLOYMENT:** \_\_\_\_\_

**EMPLOYMENT BACKGROUND**

**Present Employer**

**Address and Telephone Number**

\_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Next Previous Employer**

**Address and Telephone Number**

\_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Next Previous Employer**

**Address and Telephone Number**

\_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Position Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**LIST YOUR KNOWLEDGE, SKILLS, AND ABILITIES THAT YOU FEEL WOULD QUALIFY YOU FOR THE POSITION (S) YOU ARE APPLYING FOR:**

**Knowledge, Skills and Abilities**

**How Obtained and How Long Practiced**

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**LIST THREE REFERENCES WHO ARE NOT RELATIVES, PLEASE NAME PEOPLE WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS, WORK HABITS, CHARACTER, AND RELIABILITY.**

**Name of Reference**

**Position**

**Address and Telephone Number**

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**PLEASE BE SURE THAT YOU HAVE SUBMITTED ANY OTHER ADDITIONAL INFORMATION REQUESTED IN THE VACANCY ANNOUNCEMENT. (Relevant academic transcripts or training certificates proof of drivers license, etc.)**

*I certify that this application contains full, complete and accurate information concerning my qualifications for employment with the Confederated Salish & Kootenai Tribes. I understand it is the policy of CS&KT that decisions concerning qualification for employment are made ONLY on the basis of information provided by my application. I authorize investigation of all facts contained in this application. I understand that falsification or misrepresentation is grounds for immediate dismissal if I am hired.*

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*Signature of Applicant*

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*Date Signed*