

Application Procedure

A completed Tribal Employment Application must be submitted by the closing date of the position as advertised. Each section must be completed and the application must be dated and signed. Incomplete applications will not be considered. A resume will not be accepted as a substitute for a completed application. "See Resume" is not acceptable on this application.

- A letter of interest or resume which addresses how the applicant meets the qualifications must be submitted with the application.
- High School or GED documentation or official college transcripts from an accredited college or university that documents educational attainment must be submitted by the closing date of the position.
- For positions that require professional licensure, a copy of the license must be submitted with the application.
- Copies of all other supporting documentation referred in the application and/or the position description must be submitted with the application.
- If you are claiming Native American Preference, proof of Tribal enrollment or affiliation must be submitted with the application.
- If you are claiming Veterans Preference, a copy of the DD214 must be submitted with the application.

Applications and all accompanying documents must be received by 5 p.m. (MST) on the closing date of the position. Applications that do not contain the above information will be considered INCOMPLETE and will not be considered for hire.

Applications will retire in the Personnel Department after one (1) year from the date of submission.

If you are applying for more than one position, a letter of interest for each position is required. It is not necessary to submit additional applications in the same year.

Submit the application packet to:

Personnel Department
Shoshone-Bannock Tribes
P.O. Box 306
Fort Hall, Idaho 83203

APPLICATION PROCEDURE CHECKLIST

****PLEASE READ****

YOUR APPLICATION WILL BE RETAINED IN THE PERSONNEL DEPARTMENT FOR ONE YEAR.

1. A completed Tribal Employment Application **MUST** be submitted by the closing date of the position advertisement. Each section must be completed and the application must be signed and dated.
2. A letter of interest or resume' which addresses how the applicant meets each qualification **MUST** be submitted with the application. Please do not write "See Resume" on application.
3. High School or GED documentation, original/official college transcripts from an accredited college or university **MUST** be submitted by closing date of position.
4. Copies of all and other supporting documentation referred to in the application and job description **MUST** be with the application by the closing date.
5. If you are claiming Native American Indian preference, proof of Shoshone-Bannock Enrollment or other tribal affiliation **MUST** be submitted with the application.
6. If you are claiming Veteran's preference, a copy of the DD 214 must be submitted with the application.

****Ask yourself; are the following documents with the application?*****

Professional certifications/licenses (Copies)	Yes	No	
Driver's License (Copy)	Yes	No	State _____
References	Yes	No	
Tribal I. D. for Indian Preference	Yes	No	
DD 214 (Military)	Yes	No	
Educational Degrees (Official Transcripts)	Yes	No	
Completed background check sheet	Yes	No	

If circumstances should change between the time an application is submitted and the time a position becomes available, it is recommended the application be updated to reflect the changes, as long as it is within a year of applying for a position.

Applications and all accompanying documents must be received by the close of business (5:00 p.m. MST) on the closing date of the announcement. Applications that do not contain the above information will be considered **INCOMPLETE** and may be **SCREENED OUT**.

The SHOSHONE-BANNOCK TRIBES

Employment Application
Personnel Department
P.O. Box 306 Fort Hall Idaho 83203
Phone 208-478-3857
208-478-3862
Fax 208-478-3950

Instructions: All sections of this application must be filled out completely, including the names, addresses and phone numbers of your most recent employers. Attach supporting documents, including: Tribal enrollment, honorable discharge (DD214), educational attainment (degrees conferred, transcripts, etc.), professional certification, license, and other relevant documents to verify your job qualifications and your eligibility for preference.

INCOMPLETE APPLICATIONS MAY BE SCREENED OUT.

PERSONAL

Please Print or Type

Date: _____

Miss

Mrs. Name: _____ Social Security #: _____

Ms.

Mr. Address: _____ Drivers License #: _____

City, State, Zip: _____ State Issued: _____

Telephone #: _____ Are you 18 yrs. of age or older? ____ Yes ____ No

Message #: _____ Male ____ Female ____

Email: _____

Are you an enrolled Shoshone-Bannock Tribal member? ____ Yes ____ No Enrollment #: _____
Attach Photo Copy.

Tribal Affiliation: _____
(Please submit a certificate of Tribal enrollment for Indian preference.)

EMPLOYMENT DESIRED:

Positions Applied for: 1. _____

Permanent ____ Yes Part-time/Temporary ____ Yes 2. _____

Reserve ____ Yes Seasonal ____ Yes

Submit a separate letter for each position you wish to be considered for. The letter should state your qualifications for that particular job.

Salary Desired:	Date Available:	Have you ever been employed here before? No ____ Yes ____ Dates _____ to _____
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Are you employed now? ____ Yes ____ No

May we contact your employer? ____ Yes ____ No

Referral Source: _____

Do you have an immediate family member working for the Shoshone-Bannock Tribes? ____ Yes ____ No

Name(s): _____ Relationship(s): _____

Program Name(s): _____

Previous Convictions MAY not exclude an applicant from employment, depending on the position applied for.

Have you ever been convicted of an offense other than a minor traffic violation? ____ Yes ____ No If yes, give date, place, and offense:

1. Date: _____ Place: _____ Offense: _____ Results: _____

2. Date: _____ Place: _____ Offense: _____ Results: _____

3. Date: _____ Place: _____ Offense: _____ Results: _____

EDUCATION / TRAINING

Education	Name and location of School	Years Attended	Graduate		Degree/ Diploma	Field of Study (Major/Minor)
			Yes	No		
High School/ GED						
College						
Trade/Business or other College						

Indicate License; Certification; Professional Credentials: _____

Subjects of Special Studies: _____

Specify Skills: _____

Clerical Skills: Typing Speed _____ Shorthand: _____ Computer Experience: _____

EMPLOYMENT HISTORY

Provide information about your 3 most recent employers (list your current or most recent first). You may be asked to provide additional information; depending upon the position you are seeking. **FAILURE TO PROVIDE COMPLETE, ACCURATE AND VERIFIABLE INFORMATION SHALL BE GROUNDS TO DISQUALIFY THIS APPLICATION.**

Employer	<u>Dates</u>		Work Performed
	From	To	
Address & Phone #			
Job Title			
Supervisor	<u>Hrly. Rate/Salary</u>		
	Starting	Final	
Address & Phone #			
Reason for Leaving			
Employer	<u>Dates</u>		Work Performed
	From	To	
Address & Phone #			
Job Title			
Supervisor	<u>Hrly. Rate/Salary</u>		
	Starting	Final	
Address & Phone #			
Reason for Leaving			
Employer	<u>Dates</u>		Work Performed
	From	To	
Address & Phone #			
Job Title			
Supervisor	<u>Hrly. Rate/Salary</u>		
	Starting	Final	
Address & Phone #			
Reason for Leaving			

Employer	Dates		Work Performed
	From	To	
Address & Phone #			
Job Title			
Supervisor	Hrly. Rate/Salary		
	Starting	Final	
Address & Phone #			
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Phone #			
Job Title			
Supervisor	Hrly. Rate/Salary		
	Starting	Final	
Address & Phone #			
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Phone #			
Job Title			
Supervisor	Hrly. Rate/Salary		
	Starting	Final	
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Address & Phone #			
Job Title			
Supervisor	Hrly. Rate/Salary		
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Supervisor	Hrly. Rate/Salary		
	Starting	Final	
Address & Phone #			
Reason for Leaving			
Employer	Dates		Work Performed
	From	To	
Address & Phone #			
Job Title			
Supervisor	Hrly. Rate/Salary		
	Starting	Final	
Address & Phone #			
Reason for Leaving			

MILITARY (DD214 Required)

Service Branch	Date Entered	Date Discharged	Rank Attained	Specialty
Special Training			Type of Discharge	

REFERENCES

List names and addresses of three (3) persons who are not related to you or who have been your supervisor in the past or currently.

	Name	Address	Business/Title	Phone
1.				
2.				
3.				

State additional comments you feel may be helpful in considering your application.

**AUTHORIZATION TO RELEASE INFORMATION
AND
CERTIFICATION OF ACCURACY**

Authorization is hereby given to the Shoshone-Bannock Tribes to conduct reference and background checks. I also authorize and release every person, firm, previous and current employers, schools, and any other organizations and the Shoshone-Bannock Tribes, from any and all liability whatsoever resulting from the release of this information.

In the event of my employment with the Shoshone-Bannock Tribes, I will comply with all rules, regulations, and policies set forth in the Tribal Personnel Manual, and Management Systems.

I, hereby, certify that the statements made on this application and any documents submitted in support of this application, including but not limited to any resume, transcripts, etc., are true and correct. I understand that misrepresentation or omission of facts in this application or on any of the documents submitted in support of this application shall be cause for rejection of the application or separation from the Shoshone-Bannock Tribes.

Signature: _____ Date: _____

The Shoshone-Bannock Tribes is a drug free work place and we require pre-employment alcohol and drug testing.

This Application will retire one (1) year from date of submission.

**SHOSHONE-BANNOCK TRIBES
PRE-EMPLOYMENT
BACKGROUND INVESTIGATION AUTHORIZATION**

The Shoshone-Bannock Tribes require that a criminal investigation be conducted for applicants who qualify to fill certain positions within the organization. An investigation will be conducted of all information listed on this form. Certain positions may also require that applicants provide their fingerprints to the Fort Hall Police Department. If any of the following needs further explanation, please use a separate sheet of paper.

PLEASE PRINT

Position(s) applied for: 1. _____ 2. _____ 3. _____

Name: _____
 First Middle Last Maiden

Other Names Used: _____ Telephone #: _____
 Aliases, other last names used, etc.

Address: _____
 Street & Number / P.O. Box City State Zip

DOB: _____ Place of Birth: _____
 City State

Social Security #: _____ Sex: ____ Male ____ Female Race: _____

Drivers License #: _____ Current: ____ Yes ____ No State Issued: ____ Exp. Date: _____

Other States You Have Held a Drivers License:

Date City State

Date City State

Previous Residences: (Go back 15 years)

To
Date Date Address City State

To
Date Date Address City State

To
Date Date Address City State

List any times you were arrested or charged with any violation, including Traffic, but exclude Parking:

(1) _____
 Date / Place Charge / Results

(2) _____
 Date / Place Charge / Results

(3) _____
 Date / Place Charge / Results

Are you aware of any information about yourself, which might tend to reflect unfavorably on your reputation, morals, character or ability as a perspective employee of the Shoshone-Bannock Tribes? ____ Yes ____ No If yes, please explain.

Authorization is hereby given to the Shoshone-Bannock Tribes to request any information and/or to conduct a background check. I hereby certify that the facts set forth herein are true and correct to the best of my knowledge. I understand that if I falsify statements contained herein I may not be considered for employment.

Signature of Applicant _____ Date _____