

***Standing Rock Sioux Tribe***  
***Inyan Woslan Oyate***

APPLICATION FOR EMPLOYMENT  
(PLEASE PRINT)



Position(s) Applying for: \_\_\_\_\_

Full Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

Are you claiming Indian Preference (Enrollment) from a federally recognized tribe?      YES      NO

Name of Tribe Enrolled: \_\_\_\_\_

Are you claiming Veterans Preference?      YES      NO      District: \_\_\_\_\_

FOR DRIVING POSITIONS ONLY: Do you possess a Valid Driver's License/?      YES      NO

Do you possess a high school diploma or GED?      YES      NO

College Education	Name of School	Major/Minor	Did you receive your Degree?
Trade/Vocational Certification			
Associates/2 Year Degree			
Bachelor's Degree			
Master's Degree			
PHD/Doctorate			

**EMPLOYMENT HISTORY**

Employer	Employment Dates From: MM/YY To: MM/YY	Position/Title	Reason For Leaving

**REFERENCES**

Name	Phone Number

## CERTIFICATES & TRAINING

Do any of your relatives work for the Program or Tribal Organization to which you are applying? (Include: father, mother, grandfather, grandmother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, son-in-law, daughter-in-law, father-in-law, mother-in-law, sister-in-law, brother-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister, significant other means a domestic partner or Hunka relative; adopted by Dakota/Lakota custom or traditional practice.)

YES NO Name of Relative & Department: \_\_\_\_\_

Have you ever been convicted of a crime involving a child, crime of violence, crime against person(s), crime against elderly, crime against disabled, drug related offense or financial related offense? YES NO

If "YES", please explain:

\*\*\*"YES" answer does not automatically disqualify from employment, the nature of offense, date of offense and position for which applied will be taken into consideration.

ATTENTION: THE APPLICATION MUST BE SIGNED. READ THE FOLLOWING INFORMATION CAREFULLY AND THOROUGHLY BEFORE SIGNING.

### AUTHORITY FOR RELEASE OF INFORMATION & CERTIFICATION

I, ATTEST THAT I HAVE PROVIDED INFORMATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY AND ALL ITEMS CONTAINED HEREIN WILL BE SUBJECT TO INVESTIGATION AND I HEREBY CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CHARACTER AND FITNESS BY EMPLOYERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES AND OTHER INDIVIDUALS AND AGENCIES TO DULY ACCREDITED INVESTIGATIONS, HUMAN RESOURCE DEPT. AND OTHER AUTHORIZED STAFF OF THE STANDING ROCK SIOUX TRIBE.

I, CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION CONTAINED IN THIS APPLICATION WILL BE GROUNDS FOR DENYING CONSIDERATION FOR EMPLOYMENT AND SHALL RESULT IN IMMEDIATE DISMISSAL IF DISCOVERED AT A LATER DATE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

Standing Rock Sioux Tribe  
Human Resource Department  
N. Standing Rock Ave., Bldg. #1  
P.O. Box D  
Fort Yates, ND 58538  
Phone (701) 854-3826  
Fax (701) 854-8533  
[personnel@standingrock.org](mailto:personnel@standingrock.org)

### VISION STATEMENT

*The Standing Rock Tribal Government strives to be a more effective, efficient and visible government providing opportunities for our economy to grow through business development by educating our members to enhance the health and wellness of the people of Standing Rock.*