

******NOTICE TO ALL APPLICANTS******

THE CHEYENNE RIVER SIOUX TRIBAL COUNCIL HAS APPROVED OF A POINT SYSTEM TO BE IMPLEMENTED BY THE CRST HIRING BOARD. IN ORDER TO RECEIVE POINTS, IT IS THE **APPLICANT'S RESPONSIBILITY** TO ATTACH THE FOLLOWING DOCUMENTATION (IF APPLICABLE AND IF REQUIRED OF THE POSITION) TO THEIR TRIBAL APPLICATION FOR EMPLOYMENT (**Please refer to position description for special requirements – position descriptions are available from the Human Resources Office.**):

- 1) PAST AND PRESENT WORK EXPERIENCE, IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THE BACK PAGE OF THE APPLICATION OR ASK FOR A CONTINUATION PAGE. APPLICANTS ATTACHING RESUMES **MUST HAVE THE SAME** REQUIRED INFORMATION AS REQUESTED ON THE APPLICATION FORM (i.e., address, supervisor name, salary, beginning and ending dates, reason for leaving, title, duties). IF THE INFORMATION IS NOT INCLUDED ON THE RESUME OR APPLICATION, POINTS WILL NOT BE AWARDED/GIVEN FOR WORK EXPERIENCE AND/OR (APPLICATION MAY BE CONSIDERED INCOMPLETE.)
- 2) *COPY OF HIGH SCHOOL DIPLOMA OR GED CERTIFICATE
- 3) *COPY OF COLLEGE DEGREE AND/OR COPIES OF OFFICIAL TRANSCRIPTS TO DOCUMENT YOUR EDUCATION
- 4) *THREE (3) WRITTEN REFERENCE LETTERS:
 - A) FOR THE SPECIFIC POSITION (POINT WILL NOT BE GIVEN IF A LETTER IS SPECIFIED FOR A DIFFERENT POSITION)
 - B) WHICH MUST BE **SIGNED** (POINTS WILL NOT BE GIVEN IF LETTERS AREN'T SIGNED).
 - C) AND **DATED** FOR THE CURRENT YEAR. (POINTS WILL NOT BE GIVEN IF LETTERS ARE OUTDATED).
- 5) *INDIAN PREFERENCE FORM (BIA FORM 4432) WHICH MAY BE OBTAINED FROM THE CRST ENROLLMENT OFFICE. THIS IS THE ONLY ACCEPTABLE FORM FOR WHICH POINTS WILL BE GIVEN.
- 6) *FORM DD214 TO RECEIVE POINTS FOR VETERANS PREFERENCE (**HONORABLE OR UNDER HONORABLE CONDITIONS ONLY**)
- 7) *COPIES OF CERTIFICATES FOR TRAINING OR WORKSHOPS ATTENDED (ONLY THOSE THAT ARE REQUIRED OF THE POSITION APPLIED FOR – Example: CPR/First Aide, Food Handlers, etc.)
- 8) ALL REQUIRED DOCUMENTS ACCORDING TO THE JOB DESCRIPTION(S) NEEDS TO BE ATTACHED TO THE APPLICATION BY THE CLOSING DATE.
- 9) ***SPECIAL REQUIREMENTS FOR A POSITION** (i.e., legible copy of driver's license, insurance, vehicle registration, sobriety statement, or any other requirement listed on the position description/advertisement)

It is the APPLICANT'S RESPONSIBILITY to request a position description and to attach all documents that pertain to the position applied for.

Tribal Council Resolution No. 260-07-CR dated August 13, 2007 approves of a revised applicant screening process and point system: That after determining the top three (3) applicants according to this revised point system, the points from the application will carry over and the interview process will begin. Upon completion of the interview, each Hiring Board member will vote for each of the top three applicants, by secret ballot, on a scale of 1 to 10. The Human Resources Director will tally and average the interview points, and tally up the total points (application and interview) and announce which applicant has been selected for the position and which applicant has been selected as the alternate for the position. If during the application ranking process, one applicant is clearly highly qualified (exceeding 10 points over the next qualified person), then there will be no interview and that person will be automatically selected for the position.

PLEASE NOTE: Speaking and/or understanding the Lakota language, if marked on the application, will be verified during the interview. Applicants who do not speak and/or understand Lakota as stated on their application will be disqualified.

THANK YOU

Cheyenne River Sioux Tribe
Human Resources Department
P.O. Box 590
Eagle Butte, South Dakota 57625
605-964-4818
Fax: 605-964-1122

Date _____ **Application for Employment**

Position applied for _____

Were you previously employed by us? Yes () No () If yes, when? _____

Does your wife/husband work? Yes () No () If yes, describe _____

On what date will you be available for work? _____, 20_____

List any friends or relatives working for us _____

Name Relationship

Name Relationship

PERSONAL INFORMATION

Name _____
Last First Middle

Present Address _____
Street # or P.O. Box # City State Zip Code

Phone No. _____ Birthplace _____ Race _____ Tribal Affiliation _____

Message Phone _____ Do you speak Lakota? Yes () No () Understand Lakota? Yes () No ()

Date of Birth _____ Age _____ Sex _____ Social Security Number _____

Marital Status _____ Own () or have access () to transportation. Kind _____
Dependents Other Citizen

Number of children _____ Ages _____ Than Spouse or Children _____ of U.S.A.? Yes () No ()

Drivers License Number & State _____ Referred by _____

Have you ever been convicted of a crime? Yes () No (). If yes, please describe in full _____

Do you have a handicap constituting a significant barrier to employment? Yes () No (). If yes, please specify _____

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes () No (). If yes, what Branch? _____

Dates of Active Duty (month & year) From: _____ To _____ Rank at discharge _____
Month Year Month Year

Date of final discharge _____ List duties in the service including special training _____

A copy of form **DD214** must be attached to application for verification.

RECORD OF EDUCATION

Transcripts, diploma and/or certificates must be attached for verification

School	Name & Location of School	Dates of Attendance	Check Last Year Completed				Did you Graduate?	List Degree and date received
			5	6	7	8		
Elementary School							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
High School or GED							<input type="checkbox"/> Yes <input type="checkbox"/> No	
College Course of study							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify) course of study							<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please complete all items regarding present and past employment, beginning with most recent.

IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THE BACK PAGE OR WE HAVE CONTINUATION SHEETS AVAILABLE

Name and Address of Company and type of Business Telephone No.	Date Employed: Mo Yr Date Separated _____ Position Held _____ Starting Salary _____ Last Salary _____ Reason for leaving _____ _____ Immediate Supervisor _____ Description of Duties: _____ _____
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May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact. _____

Name and Address of Company and type of Business	Date Employed: Mo Yr Date Separated _____ Position Held _____
	Starting Salary _____ Last Salary _____ Reason for leaving _____ _____ Immediate Supervisor _____
Telephone No.	Description of Duties: _____ _____

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Telephone No.	Description of Duties: _____ _____

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REFERENCE

REFERENCES: List the names of three people not related to you whom you have known at least one year.

**In addition, it will enhance your application to submit three (3) CURRENT letters of reference from people who are aware of your capability for this position. These people may or may not be those listed below.*

Name	Address	Telephone Number	Business/Occupation	Years Known
1.				
2.				
3.				

Are there any other experiences, skills or qualifications which you feel would especially qualify you for work with this program?

In case of emergency notify _____
Name Address Phone

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period.

Date _____ Signature _____
