



# Chippewa Cree Housing Authority

75 Laredo Road - Box Elder, Montana 59521  
 Phone (406) 395-4370 Fax 395-4249

## APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the applications and/or interview process should notify a representative of the Chippewa Cree Housing Authority

Position applied for:	Date of application:
Name:	Social Security Number:
Address:	City/Zip
Telephone Number:	Tribal Affiliation (Attach Enrollment Certification)

<b>Have you ever been employed here before?</b> Yes [ ] If yes, give dates and position(s) _____ No [ ]	<b>Type of employment desired</b> Full time [ ] [ ] Temporary Part time [ ] [ ] Seasonal Date available for work:
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<b>Are you a veteran?</b> Yes [ ] [ ] No If yes, provide branch, date, and type of discharge.	<b>Were you ever injured on the job?</b> Yes [ ] No [ ] If yes, provide date(s) and details
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**Can you provide tools, equipment, etc. if they are essential to the job function?** [ ] Yes No [ ]

Have you ever plead "guilty" or "no contest" to, or have been convicted of a misdemeanor or felony?  
 Yes [ ] No [ ] If yes, please provide date(s) or details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Answering yes does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

**Driver's license number if driving is an essential job function:**

License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

**Employment History - provide information of your past three (3) employers, assignmesnt or volunteer activites**

From:	To:	Employer/Address	Telephone #
Starting Job Title		Final Job Title	
Immediate Supervisor/Title		Summarize the work performed and responsibilities	
May we contact previous employer for reference? Yes [ ] No [ ]		Reason for leaving:	
Hourly Rate/Salary Starting \$ _____ Per _____ Final \$ _____ Per _____			

From:	To:	Employer/Address	Telephone #
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May we contact previous employer for reference? Yes [ ] No [ ]		Reason for leaving:	
Hourly Rate/Salary Starting \$ _____ Per _____ Final \$ _____ Per _____			

From:	To:	Employer/Address	Telephone #
Starting Job Title		Final Job Title	
Immediate Supervisor/Title		Summarize the work performed and responsibilities	
May we contact previous employer for reference? Yes [ ] No [ ]		Reason for leaving:	
Hourly Rate/Salary Starting \$ _____ Per _____ Final \$ _____ Per _____			

**Education**

List schools attended, date graduated, degree/diploma earned, major field of study, and minor field study

School	Date Graduated	Degree/Diploma	Major	Minor

**Skills - Summarize any skills that you feel would be pertinent for the job(s) that you are applying for**

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**References - list name and telephone numbers of three (3) business/work references who are not related to you**

Name	Telephone	# of years known

**Additional Information - list professional, trade, business, or civic associations and any offices held. Also list any special accomplishments, publications, awards, etc. Exclude activity that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similar protected status**

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**\*\* ALL APPLICANTS WILL BE SUBJECT TO DRUG/ALCOHOL TESTING \*\***

I certify that the truth and accuracy of the statements herein are listed to the best of my ability. I understand that misrepresentation or omission of the facts called for is cause for dismissal.

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

\_\_\_\_\_  
Date

### True Statement/Waiver of Privacy

I have made an application for employment with the Chippewa Cree Housing Authority. Pursuant to this application, I understand that any information I have given on my application may be investigated as allowed by law.

I consent to the release of information to investigators, personal staff, and other authorized employees of the Chippewa Cree Housing Authority from employers, schools, law enforcement agencies, other individuals, and organizations or entities who possess such information in order for the Chippewa Cree Housing Authority to access my ability and fitness to perform the duties of the position for which I applied.

I certify to the best of my knowledge and belief that all of the statements made on and with my application are true, correct, complete, and made in good faith.

I also realize and have knowledge that any false statement on any part of my application may be grounds for not hiring me or for dismissal after I have been selected for a position. I also understand that I may be punished by that I may be punished by fine or imprisonment as provided under the Chippewa Cree Law and Order Code.

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

\_\_\_\_\_  
Date

#### Additional Requirements

- Attach a resumé
- Attach three reference letters
- Attach a statement of knowledge, skills, and abilities (KSA's)

PLEASE DO NOT WRITE BELOW THIS LINE

FOR CCHA USE ONLY

\_\_\_\_\_  
Application received by

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Interviewed by

\_\_\_\_\_  
Date of hire

\_\_\_\_\_  
Actual Date of employment

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Rejection letter sent