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

or email to: recruitment@sbtribes.com

APPLICATION PROCEDURE CHECKLIST

PLEASE READ

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

- 1. A completed Tribal Employment Application <u>MUST</u> 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 <u>MUST</u> 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 <u>MUST</u> be submitted by closing date of position.
- 4. Copies of all and other supporting documentation referred to in the application and job description <u>MUST</u> 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 <u>MUST</u> 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**.

Submit application to: recruitment@sbtribes.com

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							
Pleas Miss	se Print or Type		Date: _				
Mrs. Name:			Social Security #:				
Mr.							
	City, State, Zip:	State Issued:					
	Telephone #:	YesNo					
	Message #:		Male Female				
	Email:						
	Are you an enrolled	Shoshone-Bannock Tribal r	nember?Yes	No Enrollment #:			
	Tribal Affiliation:			.,			
		(Please submit a certificate of	Tribal enrollment for Indian p	reference.)			
EM	PLOYMENT DESI	IRED: Positio	ns Applied for: 1		<u></u>		
	PermanentYes	Part-time/TemporaryYes	2				
	ReserveYes	SeasonalYes		ach position you wish to be cons our qualifications for that particu			
	Salary Desired:	Date Available:	Have you ever been	employed here before?			
			No Yes	Datesto			
	Are you employed now?	YesNo	May we conta	act your employer?Yes	No		
	Referral Source:						
	Do you have an immediate family member working for the Shoshone-Bannock Tribes?YesNo						
Name(s): Relationship(s):							
	Program Name(s):				<u></u>		
	Previous Convictions MA	AY not exclude an applicant from en	nployment, depending on the p	oosition applied for.			
	Have you ever been conv	victed of an offense other than a mir	nor traffic violation?Yes _	No If yes, give date, place, and	d offense:		
	1. Date: P	Place:	Offense:	Results:			
	2. Date: <u>F</u>	Place:	Offense:	Results:			
	3. Date: P	Place:	Offense:	Results:			

EDUCATION / TRAINING								
Education	Name and location of School			Years Attended	Grad Yes		Degree/ Diploma	Field of Study (Major/Minor)
High School/ GED								
College								
Trade/Business or other College								
Indicate License;	Certification; Professional Credentials:							
	ial Studies:							
Clerical Skills: Ty	/ping Speed Shorthand:	Computer	Experi	ence:				
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>Da</u>	ates	_		W	ork Performe	d
Address & Phone	#	1 10111	10					
Job Title								
Supervisor		Hrly. Ra	te/Sala Fina					
Address & Phone	#	Otal III.g	1					
Reason for Leavi	ng			_				
Employer		<u>D</u>	ates			W	ork Performe	d
Address & Phone	#							
Job Title								
Supervisor		Hrly. Ra Starting						
Address & Phone	#							
Reason for Leavi	ng							
Employer		<u>Da</u>	ates			W	ork Performe	d
Address & Phone	#							
Job Title								
Supervisor		Hrly. Ra Starting	te/Sala Fina					
Address & Phone	#							
Reason for Leavin	ng							

Employer	D:	ates	Work Performed
	From	To_	work i cholined
Address & Phone #			
Job Title			
Supervisor	Hrly. Rat Starting	te/Salary Final	-
Address & Phone #	J.ca. tig		
Reason for Leaving			
Employer	<u>Da</u> From	ates To	Work Performed
Address & Phone #	1 10111	10	
Job Title			
Supervisor	Hrly. Rat Starting	te/Salary Final	
Address & Phone #	Starting	FIIIdi	
Reason for Leaving			
Employer	<u>D</u> a	ates	Work Performed
Address & Phone #	From	<u>To</u>	
Job Title			
Supervisor	Hrly. Ra	te/Salary	<u> </u>
Address & Phone #	Starting	Final	
Reason for Leaving			
	<u> </u>		
Employer	<u>Da</u> From	atesTo	Work Performed
Address & Phone #			
Job Title			
Supervisor	Hrly. Rat Starting	te/Salary Final	
Address & Phone #	Otarting	ı ıııaı	
Reason for Leaving			
Employer		ates	Work Performed
Address & Phone #	From	To	
Job Title			
Supervisor	Hrly. Rat Starting	te/Salary Final	
Address & Phone #	Starting	Filiai	
Reason for Leaving			
Employer		ates	Work Performed
Address & Phone #	From	To	work Performed
Job Title			
Supervisor	Hrly. Rat Starting	te/Salary Final	
Address & Phone #			
Reason for Leaving			

MILITARY (DD214 Required)						
Service Branch	Date Entered	Date Discharged	Rank Attained Specialty			
Special Training	1		Type of Discharg	je		
REFERENCES						
List names and addresses of	of three (3) persons who	are not related to you or who	o have been your sup	ervisor in the past o	or currently.	
Name		Address		Business/Title	Phone	
1.						
2.						
3.						
State additional comments you	u feel may be helpful in co	nsidering your application.				
	AUTHORIZ	ATION TO RELEAS	SE INFORMAT	ION		
	CEI	AND RTIFICATION OF A	CCURACY			
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:		Da	te:			
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: Aliases, other last n	Telephone :	#:			
Address:Street & Number / P.O. Box	City		State Zip		
DOB: Place of Birth					
1 idoc of Birth	City	State			
Social Security #:	Sex: Male	Female Race:			
Drivers License #:	Current:YesN	o State Issued:	Exp. Date:		
Other States You Have Held a Drivers			• ———		
Other States Tournave Held a Brivers	Liberioe.				
Date	City	5	State		
Ditt	014		Dist.		
Date	City		State		
Previous Residences: (Go back 15 years)					
То	Address	0.11	Otata		
Date Date	Address	City	State		
To Date Date	Address	City	State		
То		•			
Date Date	Address	City	State		
List any times you were arrested or c	harged with any violation, i	ncluding Traffic, but	t exclude Parking:		
(1)					
Date / Place		Charge / Results			
(2)		Ohanna / Danilla			
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?YesNo 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		
• FF			-		