



Employment Application

Position: _____

Date: _____

First Name: _____ Middle Initial _____ Last Name _____

Gender: Male ____ Female ____ D.O.B. _____

Are you claiming American Indian Preference? Yes ____ No ____

Are you claiming Veteran preference? Yes ____ No ____

Applicants who are residents of ND and eligible to claim veteran's preference must attach Form DD214. Claims for disabled veteran's preference must include a current statement of disabled status from the Veteran's Affairs Office with the application for employment.

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

How did you hear about this position? _____

Desired Salary: _____ Date you can start: _____

Are you willing to work overtime as necessary? Yes ____ No ____

Is there anything that would prevent you from performing in a reasonable and safe manner the duties of the position you have applied for? Yes ____ No ____

Explain:

Have you ever been convicted of a crime? Yes ____ No ____

A conviction record will not necessarily be a bar from employment. This information will only be used for job-related purposes and only to the extent permitted by applicable law.

Explain:

Do you have a valid Driver's License? Yes ____ No ____

Driver's License Number: _____

Do you have the legal right to work and remain in the United States? Yes _____ No _____

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, NATIVE, INC. will verify the status of every individual offered employment with NATIVE, INC. In this connection, all offers of employment are subject to verification of the applicant identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Have you ever applied to or worked for NATIVE, INC. before? Yes _____ No _____

Explain:

State name(s) of any relative(s) in our employment and your relationship to them.

Indicate any foreign language and/or Indian languages or dialects you speak, read or write.

Record of Education School. Begin with highest level of education.

School: _____

Address: _____ City: _____ State: _____ ZIP: _____

Course of Study: _____ Years Completed: _____ Did you Graduate? Yes _____ No _____

Diploma/Degree Received: _____

School: _____

Address: _____ City: _____ State: _____ ZIP: _____

Course of Study: _____ Years Completed: _____ Did you Graduate? Yes _____ No _____

Diploma/Degree Received: _____

School: _____

Address: _____ City: _____ State: _____ ZIP: _____

Course of Study: _____ Years Completed: _____ Did you Graduate? Yes _____ No _____

Diploma/Degree Received: _____

Prior Employment History. Three most recent places of employment.

List in order of current employer first.

Current or Most Recent Employer Name #1: _____

Are you currently employed here? Yes _____ No _____

Job Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Supervisor: _____

Phone: _____

Start Date: _____ End Date: _____ Rate of Pay: _____

May we contact this Employer? Yes _____ No _____

Describe in detail the work you performed:

Reason for Leaving:

Employer Name #2: _____

Job Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Supervisor: _____

Phone: _____

Start Date: _____ End Date: _____ Rate of Pay: _____

May we contact this Employer? Yes _____ No _____

Describe in detail the work you performed:

Reason for Leaving:

Employer Name #3: _____

Job Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Supervisor: _____

Phone: _____

Start Date: _____ End Date: _____ Rate of Pay: _____

May we contact this Employer? Yes _____ No _____

Describe in detail the work you performed:

Reason for Leaving:

Please include explanation of any gaps in employment:

Summarize job related skills and qualifications/certificates:

Typing (WPM) _____

Computer Programs: _____

Office Equipment: _____

Are there any other skills, or abilities that you feel may be helpful to us in considering your application?

Must submit a copy of Military Status if you claim serving in the U.S. Arms Forces.

Have you ever served in the United States Armed Forces? Yes _____ No _____

Must submit a copy of Certificate of Degree of Indian Blood if you are claiming American Indian preference.

Tribal Affiliation _____ Enrollment No.: _____

Three References is required.

List two work-related references and one personal reference (EXCLUDING Relatives)

First and Last Name #1: _____

Relationship: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Date Known: _____

First and Last Name #2: _____

Relationship: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Date Known: _____

First and Last Name #3: _____

Relationship: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Date Known: _____

Attachments:

- Certificate of highest degree obtained
- Completed Course Transcripts but only if you did not graduate from a degree program)
- Training Certificates
- Cover letter
- Resume
- Other Documents, (e.g., copy of tribal enrollment, copy of veteran/military status)

Pre-Employment Statement Substance Testing Permission Form

I freely and voluntarily give my permission to submit to urinalysis and or other screening or tests as shall be determined by NATIVE, INC. under its administration of applicable regulations of the U.S.

Department of Transportation (DOT) including 49 CFR Parts 40 and 382, NATIVE, INC. Policy and in substantial compliance with applicable state statues pertaining to a Drug Free Workplace, if any, in the selection process of all applicants for employment, for the purpose of determining the presence of, and content of, any and all of the following substances:

- Amphetamines
- Methamphetamine
- MDMA (Ecstasy)
- Cannabinoids
- Cocaine
- Phencyclidine (PCP)

- Opiates
- 6-Acetyl Morphine (Heroin)
- Codeine
- Morphine
- Alcohol

I also understand and acknowledge that I may be subject to non-DOT screening and testing under NATIVE, INC. Policy as set forth in the policy.

I further agree to and hereby authorize the release of the results of said tests to NATIVE, INC. and to NATIVE, INC.'s medical review officer and its Service Agents as provided in the policy.

I understand that a negative test is a pre-condition of employment with NATIVE, INC. and the refusal to submit to testing or a positive test result will result in the rejection of my application or the rescinding of a conditional offer of employment. I also understand that it is not the purpose of this screen or test to identify any disability I may have, and that pre-employment screening and testing activities are conducted in compliance with the ADA requirements applicable to NATIVE, INC. if any.

During the past two years, have you tested positive or refused to test an any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules?

Yes _____ No _____

I further agree that a reproduced copy of this form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Signature: _____

Pre-Employment Statement

I understand and agree that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from NATIVE, INC. employment.

I understand that any offer of employment I may receive from NATIVE, INC. is contingent upon successful completion of the college's total pre-employment screening process, including NATIVE, INC. receiving references that it considers satisfactory.

If NATIVE, INC. decided to engage an investigative consumer reporting agency to report on my education or personal history, I authorize it to do so. I understand that it will do so if it has a business-related reason for doing so. If a report is obtained, I understand that upon written request, the name of the agency will be provided to me so that I may obtain information regarding the nature and substance of information contained in the report.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of NATIVE, INC. and understand that my employment and compensation can be terminated

with or without cause or notice, at any time, at the option of either NATIVE, INC. or myself. I further understand that no manager or representative of NATIVE, INC., other than the President has any authority to enter into an agreement with me for employment for any specified period or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the individual designated above.

Applicant Signature: _____

Important Note: Please submit completed form. Any areas left blank or proficiently unanswered or required documentation not submitted by the due date will prohibit this application from being processed.

Assistance? Anyone needing assistance or accommodations during any part of the application or interview process please contact Lorraine Davis E-mail: lorraine@ndnadc.org phone: (701) 595-5181, dial 4.

TO APPLY:

By Email: Lorraine Davis at lorraine@ndnadc.org

Fax: Attn: Lorraine Davis (701) 712-7299

In-Person: Office Location: 209 North 24th Street, Suite A Bismarck, ND 58501

By Mail: Attn: Lorraine Davis, NATIVE, INC.
209 North 24th Street, Suite A Bismarck, ND 58501

Please submit the employment application, cover letter, resume, three reference letters (two work related references and one personal reference (excluding relatives), required documentation (highest academic degree obtained, training certificate(s) and completed course transcript(s) if a degree had not been obtained), and other supporting document (copy of tribal enrollment, other applicable certifications, etc.). Application and required attachments must be submitted to NATIVE, INC. by 11:59 p.m. (CST) on the closing date of the job being applied for.

QUESTIONS

You may contact Lorraine Davis at (701) 595-5181, dial 4 or email at lorraine@ndnadc.org for more information or accommodation and assistance in the application process.

This job description sole purpose is to define the general nature and level of work being performed by the person hired for this position and are not intended to be an exhaustive list of all duties, responsibilities, and skills required. All NATIVE, INC. staff are employees at will; therefore, NATIVE, INC. and each staff member are free to terminate that employment at any time and at either party's discretion, with or without cause. Management reserves the right to modify, add, or remove duties and to assign other duties as necessary. In addition, reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this position.

Equal Employment Opportunity

NATIVE, INC. does not discriminate on the basis of race, color, national origin, sex, genetics,

religion, age or disability in employment or the provisions of services and complies with the provisions of the North Dakota Human Rights Act.

Office Use Only:

Date Submitted application with all required documentation:

Does the applicant qualify: Yes _____ No _____