
EMPLOYMENT APPLICATION

White Earth Housing Authority



3303 US HWY 59
Waubun, MN 56589
Phone: 218-473-4663
Fax: 218-473-2910

This application for employment is good for 90 days only.
Consideration for employment after 90 days requires a new
application.

White Earth Housing Authority exercises Native Preference in the hiring process, After Native preference is applied, applications considered for positions without regard to race, color, religion, sex, national origin, age, or disability.

White Earth Housing Authority is proud to be a Drug Free Workplace. Tests for alcohol and illegal drugs will be required prior to and during employment.

Vacant Position: _____ Full Time Part Time Temp

Applicant Information

Full Name: _____ Date: _____
 Last First M.I

Address: _____
 Street address Apartment/unit#

City State Zip Code

Phone: _____ Email: _____

Driver' s License Number: _____ State of Issue: _____

Are you legally eligible for employment in the Unites State? YES / NO
Are over 18 years of age? YES/ NO
Have you filled out an application here within the last 90 days? YES / NO
Have you been employed here before? YES / NO
May we contact your present employer? YES / NO / NOT APPLICABLE
Are you a Veteran of the U.S Military YES / NO if yes, which branch? _____

The White Earth Reservation Housing Authority extends preference in hiring to Native Americans with proper tribal documentation. To qualify, the following information must be completed.

Are you an enrolled member of a federally recognized tribe? YES / NO
Enrolled Member? YES / NO

Tribal Affiliation: _____ Enrollment Number: _____

(a copy of a valid driver' s license and tribal enrollment card is required with application.)

White Earth Descendant (one generation) YES / NO

First & Last name of enrolled parent: _____

Education

High School

Received: Diploma / G.E.D Year Graduated: _____ School Name: _____

College and/ or Vocational School

Degree/Certificate: Associates / Bachelors / Masters / Doctorate

Major: _____ Year Graduated: _____

School: _____ City/State: _____

Other training and/or Degrees relevant to this position:

Degree or Certificate: _____ Course: _____

Previous Employment

List your last employer first, include military service and volunteer activities.
Attached additional sheets if necessary.

1. Employer: _____ City/ State: _____

Phone: (____) _____ Position: _____ Dates: from: ____ To: ____

Supervisor: _____ Department: _____

Wage Rate: _____ Duties: _____

_____ Reason for leaving: _____

2. Employer: _____ City/State: _____

Phone: (____) _____ Position: _____ Dates: from: ____ To: ____

Supervisor: _____ Department: _____

Wage Rate: _____ Duties: _____

_____ Reason for leaving: _____

3. Employer: _____ City/State: _____

Phone: (____) _____ Position: _____ Dates: from: ____ To: ____

Supervisor: _____ Department: _____

Wage Rate: _____ Duties: _____

Reason for leaving: _____

Knowledge, skills, and Abilities

Indicate any additional knowledge, skills, and/or abilities that you have that may help you in this position.

References

Please list three (3) individuals and/or professional references that are NOT related to you.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Professional Reference Personal Reference

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Professional Reference Personal Reference

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Professional Reference Personal Reference

Acknowledgement and Signature

The White Earth Reservation Housing Authority endorses the concept of "employment at will, that is, my employment will be for no definite period of time but will be subject to termination by myself or the company at any time." I understand and agree that, if hired, my employment is no defined period and may be terminated at any time without prior notice.

In connection with my application for employment, I understand that consumer reports or investigative reports which may contain public record information may be requested or made on me to include consumer credit, criminal records, driving records, education, prior employment verification, worker compensation claims and other. These reports will include experience along with reasons for termination of past employment.

I authorize without reservation any party or agency contacted by this employer to furnish the above mention information.

I certify that the answers given to the questions on this application are complete and true to the best of my knowledge, and that any material representation, falsification, or omission shall be grounds for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at employment decision.

Signature: _____ Date: _____



**White Earth Compliance Division
Compliance Adjudication Department
P.O. Box 395
Mahnomens, MN 56557
Phone: (218)935-2148
Fax: 218-935-5087**

**** PLEASE PRINT CLEARLY****

The following named individual has an application with this agency for a Criminal Background Check.

First Name of Applicant (please print): _____

Middle (full) (please print): _____

Last Name of Applicant (please print): _____

Maiden, Alias or Former (please print): _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____ **Sex** (please circle): **MALE** **FEMALE**

Home Address: _____ **City:** _____ **Zip:** _____

Driver's License #: _____ **State Issued:** _____ **Exp. Date:** _____

I authorize the White Earth Compliance Adjudication Department to perform a background check as required by Federal/State or Tribal Ordinance for the purpose of employment.

By submitting this form, I hereby authorize the White Earth Compliance Adjudication Department to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Compliance Adjudication Department from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Office Use Only:

DEPARTMENT: _____ BILL TO: _____

POSITION: _____ ACTION: _____

REPORTS REQUESTED: STATE MVR Please list the STATE(S) you are requesting to be ran: _____

DATE REQUESTED: _____ AUTHORIZING SIGNATURE: _____

DATE SCANNED TO COMPLIANCE: _____ (PLEASE CIRCLE) SAFETY SENSITIVE NON SAFETY