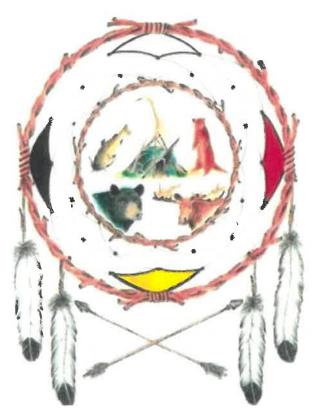
EMPLOYMENT APPLICATION

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			
	Aŗ	oplicant Info	mation		
Full Name:			D	date:	
Las	t l	First	M.I		
Address:					
	Street add	ress		Apartment/unit#	
	City	State		Zip Code	
Phone:		Ema	il:		
Driver's Licens	e Number:		St	ate of Issue:	
Are you legally Are over 18 years Have you filled Have you been em May we contact you Are you a Vetera	s of age? YES/ Nout an applicati ployed here befo our present empl	NO on here within ore? YES / NO oyer? YES / NO	the last 90	days? YES / NO	
	roper tribal doc	rumentation. To	qualify, the	ference in hiring to Native e following information must ? YES / NO	
Tribal Affiliati	on:	license and tr	ibal enrollm	ment card is required with	

W Last Halle	of enrolled parent:			
	Educat i on			
School				
red: Diploma	/ G.E.D Year Graduated: School Name:			
	ocational School			
c/Certificate	e: Associates / Bachelors / Masters / Doctorate			
	Year Graduated:			
	rear draduateti.			
:	City/State:			
4i-i	A/or Domoor relevant to this position:			
	d/or Degrees relevant to this position:			
or certiin	cate: Course:			
	Previous Employment			
your last	employer first, include military service and volunteer activities.			
	Attached additional sheets if necessary.			
Employer: _	City/ State:			
Phone: () Position: To: To:			
0	D			
Supervisor:	Department:			
Warra Pata.	Duties:			
nage Nate.	Duties.			
	Reason for leaving:			
	TOURSE TO TOUTING			
Employer:City/State:				
Phone: () Position: Dates: from: To:			
Supervisor:	Department:			
Wage Rate:	Duties:			
	Decree for 1			
	Reason for leaving:			
Employer:	City/State:			
	School red: Diploma ge and/ or Vo c/Certificate training and or Certific your last e Employer: Phone: (Supervisor: Wage Rate: Supervisor: Wage Rate:			

Phone	()	Pos	ition: _		Dates	from: _	To:
Superv	visor:			_ Departme	ent:		
Wage F	late:		Dut i	es:			
			Reas	son for le	eaving:		
		Knowle	edge, ski	lls, and A	Abilities		
		tional know		ills, and/	or abilitie	s that yo	u have that
			Refere	nces			
Please list to you.	three (3) in	ndividuals a	nd/or pro	fessional	references	that are	NOT related
Name:			tonovene	Phone:			
Address:			_City: _		State:	Zip:	-
Professiona	l Reference	Personal	Referenc	e			
Name:			_	Phone:			
Address:			_City: _		State:	Zip:	Account of the second s
Professiona	l Reference	Personal	Referenc	e			
Name:	-		_	Phone:			
Address:			City: _		_State:	Zip:	
Professiona	l Reference	Personal	Reference	e			

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.

C: t t	D-4-4	
Signature:	_ Date:	
D		



White Earth Compliance Division Compliance Adjudication Department P.O. Box 395 Mahnomen, 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.

Check.							
First Name of App	licant (pi	ease pri	nt):				
Middle (full) (pleas	se print):_						
Last Name of App	l icant (ple	ease prir	nt):				
Maiden, Alias or F	ormer (pl	ease pri	int):				
Social Security Nu	mber: _				;		
Date of Birth:			_/	Sex	x (please circle):	MALE	FEMALE
Home Address:			City:		Zip:		
Driver's License #:			State Issued:		Exp. Date:		
By submitting this form, any time and to ascertai obtained by the White Ea against any demand mad and all such information.	n any and all orth Complia le by me, ex	l informat ince Adjud cept as re	tion which may conc dication Department equired by law. My s	ern my past i from any so ignature belo	record and character. I urce will be held confic ow constitutes my auth	agree that any lential from all orization for th	information persons and even
The expiration of this au	thorization s	shall be fo	or a period no longer	than one yea	ar from the date of my	signature.	
Signature of Applicant					Pate		
Office Use Only:							
DEPARTMENT;			BILL	ГО:			
POSITION:			ACTIO	ON:			
REPORTS REQUESTED:	STATE	MVR	Please list the S	TATE(S) you	are requesting to be ra	n:	
DATE REQUESTED:			_ AUTHORIZING SIG	SNATURE:			
DATE SCANNED TO COM	PLIANCE: _		(PLEA	SE CIRCLE)	SAFETY SENSITIVE	NON SAFET	ΓΥ