



Frank White Clay Lawrence DeCrane Levi Black Eagle Channis Whiteman
 Chairman Vice Chairman Secretary Vice Secretary

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT CLEARLY

NAME: _____	ADDRESS: _____
POSITION APPLIED FOR: _____	CITY: _____ STATE: _____ ZIP: _____
HOME TELEPHONE: _____	WORK NUMBER: _____
DRIVERS LICENSE NUMBER: _____	STATE ISSUED: _____
DATE OF BIRTH: _____	SOCIAL SECURITY NUMBER: _____

EDUCATION & TRAINING

HIGH SCHOOL NAME: _____	_____
HIGHEST GRADE COMPLETED: _____	DATE OF GRADUATION: _____
COLLEGE NAME AND LOCATION: _____	DATE ATTENDED: _____ YEARS COMPLETED: _____
MAJOR COURSE OF STUDY: _____	
DEGREE: _____	DEGREE YEAR: _____
OTHER SCHOOLS/TRAINING: _____	

SPECIAL QUALIFICATIONS OR SKILLS

LIST OF QUALIFICATIONS: _____	LIST SKILLS: _____
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APPLICATION FOR EMPLOYMENT

PERSONAL REFERENCES

NAME/OCCUPATION:	ADDRESS:	TELEPHONE:

Please Print Clearly

CURRENT EMPLOYER NAME & ADDRESS:	POSITION TITLE: _____ SALARY/WAGE: _____
REASON FOR LEAVING:	DATE EMPLOYED FROM: _____ TO: _____
SUPERVISOR:	PHONE NUMBER:
PREVIOUS EMPLOYER NAME & ADDRESS:	POSITION TITLE: _____ SALARY/WAGE: _____
REASON FOR LEAVING:	DATE EMPLOYED FROM: _____ TO: _____
SUPERVISOR:	PHONE NUMBER:
PREVIOUS EMPLOYER NAME & ADDRESS:	POSITION TITLE: _____ SALARY/WAGE: _____
REASON FOR LEAVING:	DATE EMPLOYED FROM: _____ TO: _____
SUPERVISOR:	PHONE NUMBER:
PREVIOUS EMPLOYER NAME & ADDRESS:	POSITION TITLE: _____ SALARY/WAGE: _____
REASON FOR LEAVING:	DATE EMPLOYED FROM: _____ TO: _____



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Chairman Vice Chairman Secretary Vice Secretary

APPLICATION FOR EMPLOYMENT

Are you enrolled in the Crow Tribe?

Yes

No

Have you ever been convicted of a misdemeanor?

Yes

No

Have you ever been convicted of a felony?

Yes

No

Do you possess a valid driver's license?

Yes

No

****IF ADDITIONAL SPACE IS NEEDED USE A BLANK PIECE OF PAPER AND ATTACH
**POTENTIAL SELECTEES MAY BE REQUIRED FOR DRUG TESTING AND BACKGROUNDS CHECKS
TO ASSURE THE INTEGRITY OF COMPLIANCE REQUIREMENTS WITH REGARD TO THE DRUG
FREE WORKPLACE ACT OF 1988.**

I CERTIFY THAT ALL STATEMENTS ARE TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

***YOU ARE RESPONSIBLE TO UPDATE YOUR APPLICATION AT THE BEGINNING OF
EACH FISCAL YEAR IN OCTOBER***