

# Crow Tribe Water Resource Department

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**OFFICE USE ONLY:**

PLEASE COMPLETE PAGES 1-5      **APPLICATION FOR EMPLOYMENT**

**SUCCESSFUL APPLICANTS MUST PASS A DRUG AND ALCOHOL TEST**

POSITION APPLIED FOR: \_\_\_\_\_ DATE \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name                      First Name                      Middle Initial

Present address \_\_\_\_\_  
Number      Street      City      State      Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_

Telephone : (    ) \_\_\_\_\_

When are you available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade				
Professional School				

### MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_\_ Yes \_\_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_\_ Yes \_\_\_ No

BRANCH: \_\_\_\_\_      ENTRY DATE: \_\_\_\_\_      DISCHARGE DATE: \_\_\_\_\_

### ENROLLMENT STATUS

Are you an enrolled member of the Crow Tribe of Indians? Yes \_\_\_ No \_\_\_

If Yes an enrolled member of the Crow Tribe of Indians, enrollment number. \_\_\_\_\_

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HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_ No \_\_\_ Yes

If yes, explain convictions, and date(s): \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? \_\_\_ Yes \_\_\_ No

Driver's license

Number \_\_\_\_\_ State of issue \_\_\_\_\_ TYPE: Operator \_\_\_ Commercial (CDL) \_\_\_\_\_

Chauffeur \_\_\_\_\_ Expiration date \_\_\_\_\_

Successful applicants may be subject to a Driving Records Check.

**OFFICE ONLY**

Typing      \_\_\_ Yes      \_\_\_ No      WPM \_\_\_\_\_      10-key      \_\_\_ Yes      \_\_\_ No      Word Processing      \_\_\_ Yes      \_\_\_ No      \_\_\_\_\_ WPM

Personal Computer      \_\_\_ Yes      \_\_\_ No      \_\_\_ PC      \_\_\_ Mac      Other \_\_\_\_\_      Skills \_\_\_\_\_

Please list THREE references other than relatives or previous employers.

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

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PLEASE COMPLETE PAGES 3-5.      **APPLICATION FOR EMPLOYMENT**

**Work Experience**      Please list your work experience for the past **FIVE YEARS** beginning with your most recent job held. If you were self-employed, give company name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From      To	Pay or salary Start      Final

Your last job title:

Reason for leaving (be specific)

**\*ATTACH ANY CERTIFICATES OBTAINED**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From      To	Pay or salary Start      Final

Your last job title

Reason for leaving (be specific)

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PLEASE COMPLETE PAGES 4-5.     **APPLICATION FOR EMPLOYMENT**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From            To	Pay or salary Start            Final

Your last job title:

Reason for leaving (be specific)

**\*ATTACH ANY CERTIFICATES OBTAINED**

Name of employer Address Phone number	Name of last supervisor	Employment dates From            To	Pay or salary Start            Final

Your last job title:

Reason for leaving (be specific)

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PLEASE COMPLETE PAGE 5-5      **APPLICATION FOR EMPLOYMENT**

IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH.

May we contact your present employer? \_\_\_ Yes \_\_\_ No

Did you complete this application yourself \_\_\_ Yes \_\_\_ No

If not, who did? \_\_\_\_\_

BY SIGNING THIS APPLICATION YOU CLAIM THAT ANY AND ALL INFORMATION IS ACCURATE AND IS COMPLETED TO THE BEST OF YOUR ABILITY. YOU ARE ALSO AGREEING TO COMPLY WITH ALL POLICY ON DRUG AND ALCOHOL PROCEDURE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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