

P.O. BOX 1153
800 MAIN AVE SW
WAGNER, SOUTH DAKOTA 57380



(605) 384-3641 EXT. 1052/1053
FAX: (605) 384-5679
sarahwz@yanktonsiouxtribe.net

******ATTENTION******

PLEASE READ THIS TOP PARAGRAPH CAREFULLY BEFORE FILLING OUT YOUR APPLICATION.

A POINT SYSTEM has been established by the Yankton Sioux Tribe to assist in the selection process of employment. It is the responsibility of the applicant to attach the proper documentation to his/her application.

To ensure a complete application and to speed the processing, please attach all applicable verification as listed:

- Veteran's Preference (copy of DD214)
- Certified degree of American Indian blood
- College degree
- High school diploma/GED
- Job related certificates
- Updated résumé

PLEASE TYPE OR PRINT:

Position Applying For:		Date of Application:	
How did you learn about this employment opportunity? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i> _____ <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Ad in website: _____ <input type="checkbox"/> Other:			
Name (Last, First, Middle):		Other names under which you have attended school or been employed:	
Mailing Address: City, State & Zip:		Physical Address: City, State & Zip:	
Social Security Number:	Date of Birth:	Home Phone:	Cell Phone:
1.) Have you been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		1a.) If Yes, when?	
2.) If you are under 18 years of age, can you provide proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		3.) Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3a.) If currently employed, may we contact your present employer?		3b.) If YES, what is the name and phone number to your current supervisor?	
4.) Are you eligible to work in the United States?		4a.) On what date would you be available to work?	
5.) Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?		5a.) If Yes, proof of citizenship or immigration status will be required upon employment.	
6.) Are you currently on "lay off" status and subject to recall?		7.) Have you ever been convicted of a felony?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Personnel Office Use only:
 Stamp date received HERE & Initial

7a.) Conviction will not necessarily disqualify an applicant from employment. If Yes, please explain:			
Please skip to question 9, if Yankton Sioux/ Tribal enrollments do not pertain to you (or your spouse.)			
8.) Are you an enrolled member of the Yankton Sioux Tribe? (Attach Enrollment Verification)	<input type="checkbox"/> Yes <input type="checkbox"/> No	8a.) If No, are you a member of a Federally Recognized Tribe? (Attach Enrollment Verification)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8b.) Are you an American Indian married to a Yankton Sioux Tribal member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8c.) Are you a non-American Indian married to a Yankton Sioux Tribal member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.) Do you have an immediate member of your family working for the tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9a.) If YES, please indicate relationship/program:	
10.) If required for position, do you have a valid South Dakota Driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10a.) If YES, what class?	
11.) Do you have reliable transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12.) Are you physically unable to perform the duties of the job for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please skip to WORK EXPERIENCE, if the United States Military Service DOES NOT pertain to you.			
13.) Have you served in the United States Military Service? (Please attach verification.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	13a.) If Yes, was the condition of your discharge HONORABLE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13b.) List date(s) and branch(es) for all active duty military service, if applicable:			
13c.) Have you ever had any job-related training in the United States Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	13d.) If Yes, please describe:	

WORK EXPERIENCE-Please list all positions you have held in the last 10 years. Begin with your current or most recent employer and work backwards. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. You may exclude disability or other protested status. Account for volunteer commitments, part-time, military, summer positions or unemployment, etc. Check the job announcement for details on the qualifications the Program is seeking. **IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION.**

Dates Employed (most recent position) From: / / To: / /	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time # hours/week:	Job Title: Supervisor's Name:
Starting Salary: Final Salary:	Employer Name, Address, and Phone Number:	
Duties & Responsibilities:		Reason for Leaving:
Dates Employed (most recent position) From: / / To: / /	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time # hours/week:	Job Title: Supervisor's Name:
Starting Salary: Final Salary:	Employer Name, Address, and Phone Number:	
Duties & Responsibilities:		Reason for Leaving:

Dates Employed (most recent position) From: / / To: / /	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time # hours/week:	Job Title: Supervisor's Name:
Starting Salary:	Employer Name, Address, and Phone Number:	
Final Salary:		
Duties & Responsibilities:		Reason for Leaving:

Dates Employed (most recent position) From: / / To: / /	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time # hours/week:	Job Title: Supervisor's Name:
Starting Salary:	Employer Name, Address, and Phone Number:	
Final Salary:		
Duties & Responsibilities:		Reason for Leaving:

List professional trade, business or civic activities. Provide address and telephone number where offices were located:

Give name, address and telephone number of three (3) references of previous employers.

EDUCATION

	Elementary	High School	College/ University	Graduate/ Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	X			
Describe Course of Study	X			
Describe Specialized Training, Apprenticeship Skills and Extra Curricular Activities				
Honors Received				

Summarize special job-related skills and qualifications acquired from employment or other experiences.

Update any information you feel may be helpful to add in considering your application.

APPLICANT STATEMENT, SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

A false statement to any part of your application may be grounds for not employing you or for dismissing you after you begin work. It is my understanding that the Yankton Sioux Tribe will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interview.

I, _____, authorize such investigation of any information requested by the Yankton Sioux Tribe.

I, _____, release from liability any person giving or receiving any such information. I understand that falsification of data received or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I certify that, to the best of my knowledge and belief, all my statements are true, correct, complete, and made in good faith.

Applicant Signature: _____ **Date:** _____

**YANKTON SIOUX TRIBE
PERSONNEL OFFICE**

**MAILING ADDRESS: P.O. BOX 1153
PHYSICAL ADDRESS: 800 MAIN AVE SW
WAGNER, SOUTH DAKOTA 57380**

**PHONE: (605) 384-3641 EXT. 1052/1053
YST PERSONNEL OFFICE FAX: (605) 384-5679
YST PERSONNEL EMAIL ACCOUNT: sarahwz@yanktonsiouxtribe.net**

FOR PERSONNEL OFFICE USE ONLY

Accept Application

Deny Application & State Reason for Denial: _____

Date Received

Personnel Signature
