



Mandan, Hidatsa & Arikara Nation

Three Affiliated Tribes • 404 Frontage Road New Town, ND 58763
Phone: 701-627-4781 • Fax: 701-627-2960

EMPLOYMENT APPLICATION COVER PAGE

Mission Statement: The Three Affiliated Tribes will provide to the Tribe and people, maximum quality services, by being responsible, accountable, respectful, caring, and will incorporate the traditional values of our elders and ancestors.

Indian Preference: In order to promote tribal self-government, federal law authorizes Indian Tribes to grant preference in hiring to tribal members and other Native Americans. In accordance with tribal and federal law, the Tribe will grant preference in hiring to tribal members and other Native Americans.

Employment Preferences: In accordance with federal and tribal law, the Tribe will grant preference in hiring, promotion and retention according to the following:

First Preference: Qualified members of the Mandan, Hidatsa and Arikara Nation who served in active duty in the United States Armed Forces for a period of more than 180 consecutive days, unless separated for a service-connected reason under honorable conditions.

Veteran's preference eligibility will be established by official documents issued by the Uniformed Services Department, Veterans Affairs Administration, the General Services Administration or the National Personnel Records Center, Military Personnel Branch.

Second Preference: Qualified non-veterans in the following order:

1. MHA Nation tribal members;
2. Members of other federally recognized Indian Tribes whose children are enrolled or eligible for enrollment with the Mandan, Hidatsa and Arikara Nation;
3. Members of other federally recognized Indian Tribes;
4. Non-Indians whose children are enrolled or eligible for enrollment with the Mandan, Hidatsa and Arikara Nation.

Third Preference: Qualified non-Indian Veterans.

Fourth Preference: Qualified non-Indian, non-Veteran.

Any deviation in applying preference in selection, promotion and retention shall be based solely upon qualification, experience and capability standards required by the position and shall require justification and approval of the Tribal Business Council or its designee.

APPLICATION CHECKLIST OF MANDATORY ATTACHMENTS

All required documents need to be submitted with your application to make it complete.

Two Forms of ID—Valid Driver's License or State Issued ID (Photo ID required)

Indian Preference: CIB or Tribal ID

Veterans Preference (if applicable): Form DD-214

Proof of Highest Education (High School Documents, College Degree, Transcript, or Certificates)

Background Check – Public Trust, Child Care, Law Enforcement Questionnaire (Supplemental based on position)

You will be ranked only if you have a complete application.

Applications must be submitted BEFORE the Deadline Date in order to be considered for employment.



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APPLICATION FOR EMPLOYMENT

Mandan, Hidatsa & Arikara Nation follows an Indian Preference Policy in accordance with 42 USC Sec. 2000e2 (I) and with our Personnel Policies and Procedures Handbook.

Position Applying for: _____ Program/Department: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Mailing Address: _____ City, State, Zip Code: _____

Driver's License Number: _____ State: _____ Email: _____

***MUST provide Valid Driver's License or State Issued ID with this application (Photo ID Required)**

Indian Preference: Tribe: _____ Enrollment Number: _____

*** Please provide proof of eligibility with this application (i.e. Tribal ID or CIB)**

Veteran Preference: Yes No ***Please provide copy of your DD-214 with this application.**

RECORD OF EDUCATION

***Please provide Copies of Degrees, Transcripts and/or Certificates**

High School

Name: _____ Address: _____

Years Completed (i.e. 1,2,3,4): _____ Did you graduate? Yes No ***Attach Diploma/GED Certificate**

College

Name: _____ Address: _____

Course of Study: _____ Did you graduate? Yes No Degree: _____

***Attach Degree/Official Transcript**

College

Name: _____ Address: _____

Course of Study: _____ Did you graduate? Yes No Degree: _____

***Attach Degree/Official Transcript**

Vocational Training:

Name: _____ Address: _____

Course of Study: _____ Did you graduate? Yes No Degree: _____

***Attach Certificate**

Please list any other knowledge, skills or abilities you feel may be helpful to us when reviewing your application:

REFERENCES

***Please provide Names of three (3) Individuals not related to you.**

Name: _____ Occupation: _____ Telephone: _____

Name: _____ Occupation: _____ Telephone: _____

Name: _____ Occupation: _____ Telephone: _____

PRIOR EMPLOYMENT HISTORY

*Please list your last three (3) employers beginning with the most recent. Do not write "See Resume."

Employer 1: _____ Telephone: _____
Employer Address: _____ Supervisor: _____
Job Title: _____ Dates Employed: _____ Rate of Pay: _____
Reason for Leaving: _____
Job Duties: _____

Employer 2: _____ Telephone: _____
Employer Address: _____ Supervisor: _____
Job Title: _____ Dates Employed: _____ Rate of Pay: _____
Reason for Leaving: _____
Job Duties: _____

Employer 3: _____ Telephone: _____
Employer Address: _____ Supervisor: _____
Job Title: _____ Dates Employed: _____ Rate of Pay: _____
Reason for Leaving: _____
Job Duties: _____

MISCELLANEOUS

Is there anything that would prevent you from performing in a reasonable and safe manner in the position for which you are applying for? Yes No If Yes, please explain: _____

Are you a United States Citizen? Yes No

Have you ever been convicted of a crime or felony that would prevent you from working for the MHA Nation?
Yes No If yes, provide explanation: _____

CERTIFICATION THAT MY ANSWERS ARE TRUE

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this questionnaire or its attachments may be grounds for not hiring me, firing me after I begin work, or immediate termination.

Name: _____ Applicant's Signature: _____ Date: _____

I certify that my responses to the above questions are made under penalty of perjury which, may be punishable by fine or imprisonment, and that I have received notice that a national criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any national criminal history report made available to the Mandan, Hidatsa & Arikara Nation/Three Affiliated Tribes and my rights to challenge the accuracy and completeness of any information contained in the report.

Name: _____ Applicant's Signature: _____ Date: _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the Mandan, Hidatsa & Arikara Nation/Three Affiliated Tribes who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the Mandan, Hidatsa & Arikara Nation/Three Affiliated Tribes only for the purpose of determining my suitability for employment with the Mandan, Hidatsa & Arikara Nation/Three Affiliated Tribes.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Mandan, Hidatsa & Arikara Nation/Three Affiliated Tribes, whichever is sooner.

Signature (sign in black ink): _____ Date Signed: _____

Name: _____ Aliases: _____

Physical Address: _____ City, State, Zip Code: _____

Position for which you are being investigated: _____ Department: _____

Primary Contact Number: _____ Secondary Contact Number: _____

Date of Birth: _____ Driver's License Number: _____ State: _____

SSN: _____ Tribe: _____ Enrollment Number: _____

Any other Tribe you have lived/worked within the past five (5) years:

Tribe: _____ Tribe: _____