



## Employment Application

| Applicant Information                    |                                 |                                |  |                                 |                                |
|--|---------------------------------|--------------------------------|--|---------------------------------|--------------------------------|
| Full Name:                               |                                 |                                |  | Date:                           |                                |
|  | <i>Last</i>                     | <i>First</i>                   | <i>M.I.</i>                                    |                                 |                                |
| Address:                                 |                                 |                                |  |                                 |                                |
|  | <i>Street Address</i>           |                                |  |                                 | <i>Apartment/Unit #</i>        |
|  |                                 |                                |  |                                 |                                |
|  | <i>City</i>                     |                                | <i>State</i>                                   | <i>ZIP Code</i>                 |                                |
| Phone:                                   |                                 |                                | Email  |                                 |                                |
| Date Available:                          |                                 | Social Security #:             |  | Tribal Affiliation:             |                                |
| Position Applied for:                    |                                 |                                |  |                                 |                                |
| Are you a citizen of the United States?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| Have you ever worked for this company?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If yes, when?                                  |                                 |                                |
| Have you ever been convicted of a crime? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |  |                                 |                                |
| If yes, explain:                         |                                 |                                |  |                                 |                                |



# Employment Application

## Education

|              |     |                          |                                 |                                |          |  |  |
|--------------|-----|--------------------------|---------------------------------|--------------------------------|----------|--|--|
| High School: |     | Address:<br>(city/state) |                                 |                                |          |  |  |
| From:        | To: | Did you graduate?        | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Diploma: |  |  |

|          |     |                          |                                 |                                |         |  |  |
|----------|-----|--------------------------|---------------------------------|--------------------------------|---------|--|--|
| College: |     | Address:<br>(city/state) |                                 |                                |         |  |  |
| From:    | To: | Did you graduate?        | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree: |  |  |

|        |     |                          |                                 |                                |         |  |  |
|--------|-----|--------------------------|---------------------------------|--------------------------------|---------|--|--|
| Other: |     | Address:<br>(city/state) |                                 |                                |         |  |  |
| From:  | To: | Did you graduate?        | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Degree: |  |  |

## References

*Please list three professional references.*

|            |  |  |               |  |
|------------|--|--|---------------|--|
| Full Name: |  |  | Relationship: |  |
| Company:   |  |  | Phone:        |  |
| Address:   |  |  |               |  |
|            |  |  |               |  |
| Full Name: |  |  | Relationship: |  |
| Company:   |  |  | Phone:        |  |
| Address:   |  |  |               |  |
|            |  |  |               |  |
| Full Name: |  |  | Relationship: |  |
| Company:   |  |  | Phone:        |  |
| Address:   |  |  |               |  |



# Employment Application

## Previous Employment

|  |  |     |                  |                                 |                                |    |  |
|--|--|-----|------------------|---------------------------------|--------------------------------|----|--|
| Company:   |  |     |                  |                                 | Phone:                         |    |  |
| Address:   |  |     |                  |                                 | Supervisor:                    |    |  |
| Job Title:   |  |     | Starting Salary: | \$                              | Ending Salary:                 | \$ |  |
| Responsibilities:  |  |     |                  |                                 |                                |    |  |
| From:  |  | To: |                  | Reason for Leaving:             |                                |    |  |
| May we contact your previous supervisor for a reference? |  |     |                  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |    |  |

|  |  |     |                  |                                 |                                |    |  |
|--|--|-----|------------------|---------------------------------|--------------------------------|----|--|
| Company:   |  |     |                  |                                 | Phone:                         |    |  |
| Address:   |  |     |                  |                                 | Supervisor:                    |    |  |
| Job Title:   |  |     | Starting Salary: | \$                              | Ending Salary:                 | \$ |  |
| Responsibilities:  |  |     |                  |                                 |                                |    |  |
| From:  |  | To: |                  | Reason for Leaving:             |                                |    |  |
| May we contact your previous supervisor for a reference? |  |     |                  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |    |  |

|  |  |     |                  |                                 |                                |    |  |
|--|--|-----|------------------|---------------------------------|--------------------------------|----|--|
| Company:   |  |     |                  |                                 | Phone:                         |    |  |
| Address:   |  |     |                  |                                 | Supervisor:                    |    |  |
| Job Title:   |  |     | Starting Salary: | \$                              | Ending Salary:                 | \$ |  |
| Responsibilities:  |  |     |                  |                                 |                                |    |  |
| From:  |  | To: |                  | Reason for Leaving:             |                                |    |  |
| May we contact your previous supervisor for a reference? |  |     |                  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |    |  |





**NATIONAL  
INDIGENOUS**  
WOMEN'S RESOURCE CENTER

# Employment Application

## Military Service

|         |  |       |  |     |  |
|---------|--|-------|--|-----|--|
| Branch: |  | From: |  | To: |  |
|---------|--|-------|--|-----|--|

|                    |  |                    |  |
|--------------------|--|--------------------|--|
| Rank at Discharge: |  | Type of Discharge: |  |
|--------------------|--|--------------------|--|

|                                   |  |
|-----------------------------------|--|
| If other than honorable, explain: |  |
|-----------------------------------|--|

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

|                      |  |       |  |
|----------------------|--|-------|--|
| Applicant Signature: |  | Date: |  |
|----------------------|--|-------|--|

Return to:  
515 Lame Deer Ave. PO Box 99 Lame Deer, MT 59043  
Phone: 406-477-3896 Fax: 406-477-3898 Toll-Free: 855-649-7299  
Website: [www.niwrc.org](http://www.niwrc.org) Email: [careers@niwrc.org](mailto:careers@niwrc.org)