



Salish Kootenai College

Box 70
Pablo, MT 59855
Ph. (406) 275-4800
Fax (406) 275-4801



APPLICATION FOR EMPLOYMENT

SPECIFIC POSITION YOU ARE APPLYING FOR: _____

OTHER POSITION(S) YOU WISH TO BE CONSIDERED FOR: _____

NAME: _____
Last First Middle

MAILING ADDRESS: _____
No. & Street or P.O. Box No. City State Zip Code

EMAIL ADDRESS: _____

CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____

ARE YOU ENROLLED IN THE CS&K TRIBES: Yes _____ No _____ Enrollment No.: _____
If yes, attach documentation.

IF YOU ARE NOT ENROLLED IN THE CS&K TRIBES:

ARE EITHER OF YOUR PARENTS ENROLLED IN THE CS&K TRIBES: Yes ___ No ___
If yes, state his/her enrolled name: _____ Enrollment No.: _____
If yes, attach documentation

ARE YOU ENROLLED IN ANOTHER FEDERALLY RECOGNIZED TRIBE: Yes ___ No ___
Name of Tribe: _____ Enrollment No.: _____
If yes, attach documentation

ARE EITHER OF YOUR PARENTS ENROLLED IN ANOTHER FEDERALLY RECOGNIZED TRIBE: Yes ___ No ___
Name of Tribe: _____ Enrollment No.: _____
If yes, attach documentation

ARE ANY MEMBERS OF YOUR IMMEDIATE FAMILY (husband, wife, son, daughter, father, mother, brother, sister, grandfather, grandmother, grandson, granddaughter) CURRENTLY EMPLOYED BY SKC: Yes ___ No ___ If yes, complete the following:

Name of Relative	Position Held	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU HAVE ANY PHYSICAL IMPAIRMENTS THAT MAY PREVENT YOU FROM PERFORMING THE JOB YOU ARE APPLYING FOR: Yes _____ No___ If yes, please explain:

DO YOU HAVE A VALID DRIVER'S LICENSE: Yes___ No__ If not, is there anything that may prevent you from being eligible for a license: Yes___ No___ If yes, please explain: _____

DRIVER'S LICENSE NUMBER _____ DRIVER'S LICENSE STATE _____

HAVE YOU BEEN TERMINATED FROM A JOB IN THE LAST FIVE YEARS: Yes___ No __ If yes, please explain: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes___ No___

HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A SEXUAL OR VIOLENT OFFENDER OR BEEN CONVICTED OF A SEXUAL OFFENSE OR VIOLENT CRIME IN TRIBAL COURT?

Yes___ No___

If Yes Date of crime _____ Date released from prison _____

Nature of crime _____

If this section of the employment application is left blank the application is considered nonresponsive and the application for hire is denied. Any person who has acknowledged that they have been convicted or designated as a violent felony or a sexual offender must disclose their offense and give SKC a written release to obtain any information concerning their charge. Their application must be approved by the Employment Review Committee prior to an interview for hire. The Employment Review Committee will assess the information submitted concerning the crime committed. The committee will determine whether the person will be granted an interview.

EDUCATION

1. Circle highest grade completed:

Grade School: 1 2 3 4 5 6 7 8
High School: 1 2 3 4
College: 1 2 3 4
Graduate School: 1 2 3 4

Name of High School: _____ Did you graduate: Yes ____ No ____
Do you have a GED? Yes ____ No ____

2. Name of college: _____ Did you graduate: Yes ____ No ____

Major: _____ Minor: _____

Year Graduated: _____

Name of graduate school: _____ Year Graduated: _____

Major: _____

3. Any apprentice or trade school training: Yes ____ No ____ What type: _____

4. Correspondence school: Yes ____ No ____ What type: _____

5. If you did not receive a degree, diploma, or certificate, indicate the total semester or quarter credits received and major subjects studied: _____

6. If you have any other type of education or training, please describe: _____

7. What is the lowest salary you will accept: _____

8. If selected, when will you be available: _____

EMPLOYMENT HISTORY:

A) Present or Last Employer Address
Duties: _____
From: _____ To: _____ Reason for Leaving _____

B) Next Previous Employer Address
Duties: _____
From: _____ To: _____ Reason for Leaving _____

C) Next Previous Employer Address
Duties: _____
From: _____ To: _____ Reason for Leaving _____

D) Next Previous Employer Address
Duties: _____
From: _____ To: _____ Reason for Leaving _____

NOTE: IF NECESSARY, EMPLOYMENT HISTORY MAY BE CONTINUED ON A SEPARATE SHEET OF PAPER.

LIST YOUR KNOWLEDGE, SKILLS, AND ABILITIES THAT YOU FEEL WOULD QUALIFY YOU FOR THE POSITION(S) YOU ARE APPLYING FOR:

<u>Skill</u>	<u>How Obtained and How Long Practiced</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIST THREE REFERENCES WHO ARE NOT RELATIVES. PLEASE NAME PEOPLE WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS, WORK HABITS, CHARACTER AND RELIABILITY.

<u>Name of Reference</u>	<u>Position</u>	<u>Address and Phone No.</u>	<u>Email Address</u>

PLEASE BE SURE THAT YOU HAVE SUBMITTED ANY OTHER ADDITIONAL INFORMATION REQUESTED IN THE VACANCY ANNOUNCEMENT (typing test results, resume, letters of recommendation, teaching certificate, proof of driver's license, etc.).

By my signature below, I certify that this application contains full, complete and accurate information concerning my qualifications for employment with the Salish Kootenai College (SKC). I understand it is the policy of Salish Kootenai College that my qualifications for employment are made only on the basis of information provided by my application. I authorize investigation of all information contained in this application. I understand that falsification, or misrepresentation, or omission is grounds for disqualification as an applicant or immediate dismissal if I am hired.

As an Equal Opportunity/Affirmative Action employer, we encourage applications from minorities, veterans, and women. In addition, regulations implementing Section 503 of the Rehabilitation Act of 1973, as amended, requires employers to invite applicants to identify themselves as disabled or Vietnam Era Veterans. Submission of information is voluntary and failure to provide it will not subject you to any adverse treatment. Any information supplied will be kept confidential, except as provided to protect employee health and safety or as requested by government officials.

Check if any of the following are applicable: Disabled Veteran Vietnam Era Veteran Other Veteran _____
_____ Discharge Date

SKC does not discriminate on the basis of race, ethnicity, national origin, sexual identification, gender, age or disability, except as allowed by the Indian Preference provision of the Civil Rights Act of 1964, as amended. Consistent with state and federal law, reasonable accommodation will be provided to persons with disabilities. The Title IX Coordinator is responsible for coordinating the College's compliance with federal and state discrimination and sexual harassment laws, including Title IX. Inquiries concerning Title VI, IX and Section 504 may be referred to: Rachel Andrews-Gould, Title IX Coordinator, (406) 275-4985; or the Montana Human Rights Commission; 1236 Sixth Ave.; P.O. Box 1728; Helena, MT 59624; 406-444-2884 / 800-542-0807.

Signature of Applicant

Date Signed

IF, FOR ANY REASON, YOU DECIDE NOT TO BE CONSIDERED FOR EMPLOYMENT, PLEASE CONTACT THE SALISH KOOTENAI COLLEGE AT 275-4800.

Notice of Availability of the Annual Security Report

You can obtain a copy of Salish Kootenai College's Annual Security report by contacting the Auxiliary Services Department or by accessing the following web site www.sk.edu/safety. This report includes statistics for the previous three years concerning reported crimes that occurred on-campus; in certain off-campus buildings or property owned or controlled by Salish Kootenai College; and on public property within, or immediately adjacent to and accessible from, the campus. The report also includes institutional policies concerning campus security, such as policies concerning sexual assault, and other matters.