



# 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 document

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 \_\_\_\_\_

[\(attach a copy\)](#)

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?

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.



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. SKC is a drug free workplace. All pre-hires must pass a drug test before formal hiring. THC is included on the panel.

Check if any of the following are applicable: Disabled Veteran Vietnam Era Veteran Other Veteran\_\_\_\_\_

Salish Kootenai College (SKC) is an Indian preference and equal opportunity employer. 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 Human Resources Department/Title IX Coordinator, (406) 275-4977; or the Montana Human Commission; 1236 Sixth Ave.; P.O. Box 1728; Helena, MT 59624; [406-444-2884](tel:4064442884) / [800-542-0807](tel:8005420807).

\_\_\_\_\_  
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](http://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.

Reminder

- |                                |     |    |
|--------------------------------|-----|----|
| 1. Tribal Enrollment Attached  | YES | NO |
| 2. Tribal Enrollment Attached  | YES | NO |
| 3. Proof of Tribal Descendancy | YES | NO |
| 4. Copy of Drivers License     | YES | NO |
| 5. Official transcripts        | YES | NO |

Please note: if you are hired for a position that has a degree requirement, you will be asked to provide an official transcript within 30 days of hire. The SKC HR dept. will make copies of all requested documents.

SKC is a drug free workplace. All pre-hires must pass a drug test before formal hiring, this includes THC.