



**PO BOX411
FORT YATES, NO 58538
701-854-7098
EMPLOYMENT APPLICATION**

ATTENTION: Applicants are required to complete a separate application for each position applying for. Please type or print legibly all information requested. Failure to accurately complete this application may result in your not being considered due to incomplete or illegible information.

NOTE: All applications and accompanying documents will become the property of Standing Rock Telecom. It is the responsibility of the applicant to provide copies of required documents and applications for additional vacancies.

APPLICANT INFORMATION

Last Name: _____ First: _____ M.I.: _____ Date: _____

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____

Date Available: _____ Social Security No.: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when?

Have you ever been convicted of a felony? YES NO If yes, explain?

APPLICANT INFORMATION

High School _____ Address _____

From: _____ To: _____ Did you graduate? YES NO Degree

College _____ Address _____

From: _____ To: _____ Did you graduate? YES NO Degree

Other _____ Address _____

From: _____ To: _____ Did you graduate? YES NO Degree

REFERENCES

Please list three references.

Full Name: _____ Relationship: _____

City: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____
City: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
City: _____ Phone: () _____
Address: _____

INDIAN PREFERENCE

Acceptable proof of verification includes an official signed enrollment document from the Bureau of Indian Affairs Enrollment Office or Other duly authorized official.

Are you claiming Indian Preference (enrollment) from a federally recognized Tribe? YES NO

Name of Tribe Enrolled: _____

Enrollment Number: _____

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 NO

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 NO

MILITARY SERVICE

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

Acceptable proof includes an attached copy of a DD-214, Discharge Certificate or other official notification document for the Veterans Administration.

Do you possess the following?	Valid Drivers License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Liability Insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I, attest that I have provided information with the knowledge and understanding that any and all contained herein will be subject to investigation and I hereby consent to the RELEASE OF INFORMATION concerning my character and fitness by employers, educational institutions, law enforcement agencies and other Individuals and agencies to duly accredited investigations, Human Resource Dept. and other authorized staff of Rock Industries, Corp.

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.

Signature

Date
