



**OGLALA SIOUX TRIBE**  
**HUMAN RESOURCES**  
P.O. Box 439  
Pine Ridge, South Dakota 57770  
605.867.6014 • Fax 605.867.1922



*Employment applications are retained for one (1) year from date of submission*

**Please Be Sure to...**

- ✓ Document Dates. Use dates using the **Month and Year** for each work experience to obtain credit for experience.
  - The OST Human Resource Department utilizes a point system to determine eligibility based on qualifications and experience.
- ✓ Review the Requirements and Qualifications. Ensure you have submitted all required documentation listed under the Requirements and Qualifications section in the job description.
- ✓ Submit on Time. Human Resources will not accept documents submitted after the closing date. If all required documents are not submitted on time, your application will be considered incomplete.

**Please know....**

- ✓ Drug and Alcohol Tests Are Mandatory. All applicants tentatively selected for positions with the Oglala Sioux Tribe are required to submit to urinalysis and alcohol breathalyzer test prior to appointment. Appointment to the position will be contingent upon a negative drug test result. This requirement is in accordance with the Drug Free Workplace Act.
  - Drug and Alcohol Tests must be done within 24 hours - Three (3) business days of the Notice of Selection.
- ✓ Background Investigations Are Mandatory to Determine Employment Suitability. Preliminary records check will be conducted prior to appointment.
  - Favorable adjudication of a full background investigation is a condition for continued employment.
  - The Oglala Sioux Tribe requires full disclosure - when signing the application, you are certifying your answers are made in good faith and true to the best of your knowledge.
- ✓ Processes Will Be Followed. A selection letter will not be issued until Human Resources received results from the Drug and Alcohol Tests and background investigation clearance.
- ✓ Include All Relevant Information. Include the information asked on the application if you are uncertain what to include in your resume.
  - Be specific about dates of employment.
  - Be informative and detailed when describing duties and responsibilities of previous employment.
  - Include Supervisors' and Employers' name and phone numbers as well as your personal and professional references.

**Please attach all documents that apply**

- |  |  |
|--|--|
| <input type="checkbox"/> High School Diploma / GED Certificate               | <input type="checkbox"/> College Degree                            |
| <input type="checkbox"/> Resume  | <input type="checkbox"/> Valid Driver's License or CDL             |
| <input type="checkbox"/> Official College Transcripts                        | <input type="checkbox"/> Tribal ID (if claiming Indian preference) |
| <input type="checkbox"/> Higher Education / Training Certificates            | <input type="checkbox"/> DD214 (if claiming Veterans preference)   |
| <input type="checkbox"/> Auto Insurance / Liability                          | <input type="checkbox"/> Valid CPR & First Aid Certificates        |
| <input type="checkbox"/> Valid CDA Certificate (Child Development Associate) | <input type="checkbox"/> Other Documents:                          |



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## Employment Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_ District: \_\_\_\_\_  
(Optional)

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ MSG #: \_\_\_\_\_

If required, do you currently have a valid driver's license?.....Yes  No

If required, do you currently have a CDL? .....Yes  No  If yes, which Class..... A B C

Have you ever been terminated or asked to resign from employment?.....Yes  No

If yes, explain: \_\_\_\_\_

Do you have any immediate family members working for the Oglala Sioux Tribe?.....Yes  No

If Yes, please indicate relationship and department. \_\_\_\_\_

If an offer of employment is made prior to your commencement of employment duties, you will be required to undergo an alcohol and/or drug test, the results of which may effect the offer of employment.

Are you willing to undergo such an examination? ..... Yes  No

A background investigation will be required for certain positions deemed sensitive based on federal statutes, tribal ordinances, governing policy and/or mandates by funding agencies. In these positions, a contingent offer of employment will be made, if qualified. Continuous employment is contingent upon a favorable screening and/or favorable adjudication of the background investigation.

Are you willing to undergo such an examination? ..... Yes  No

Have you ever been convicted of any violations of Tribal, City, County, State or Federal Laws?..... Yes  No   
*(Excluding juvenile adjudication)*

*(If yes, please explain the date, violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.)* \_\_\_\_\_

*(Such convictions may be relevant if job related, but does not necessarily bar you from employment)*

Position(s) for which you are applying for	Announcement Number(s)
(1.)	
(2.)	
(3.)	
(4.)	
(5.)	

**EMPLOYMENT HISTORY: MUST BE DETAILED AND ACCURATE TO AVOID DISQUALIFICATION**  
Complete present and past employment, beginning with most recent. Resumes may be submitted as additional information only.

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1. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address (*Include State & Zip Code*): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of immediate supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Month/Year Month/Year  
Job Responsibilities: \_\_\_\_\_

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May we contact the employer? Yes  No

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2. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address (*Include State & Zip Code*): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of immediate supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Month/Year Month/Year  
Job Responsibilities: \_\_\_\_\_

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3. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address (*Include State & Zip Code*): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of immediate supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Month/Year Month/Year  
Job Responsibilities: \_\_\_\_\_

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4. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address (*Include State & Zip Code*): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of immediate supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Month/Year Month/Year  
Job Responsibilities: \_\_\_\_\_

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5. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address (*Include State & Zip Code*): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of immediate supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Month/Year Month/Year  
Job Responsibilities: \_\_\_\_\_

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**EDUCATIONAL BACKGROUND:**

Circle highest grade completed:      7 8 9 10 11 12 / 13 14 15 16 / 17 18 19 20

Specify \_\_\_\_\_

School	Name and Address of School	Graduated		Date Left	Major/Minor Courses Taken	Diploma/Degree
		Yes	No			
High School						
College						
Graduate Work						
Trade Or Business						

**QUALIFICATIONS:**

Describe any other education, training, apprenticeship, certificates or licenses acquired from employment or other experiences that are relevant to position applied for.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have computer skills? Yes  No  List Computer programs with which you are familiar: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

List personal references whom are **not** related to you.

NAME AND ADDRESS <i>(Include state &amp; zip code)</i>	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

List any additional information you would like us to consider. \_\_\_\_\_

\_\_\_\_\_

**VETERANS PREFERENCE:**

Have you ever served in the United States Military?.....Yes  No

Honorable Discharge? .....Yes  No

If yes, please attach a copy of your DD-214 demonstrating proof of eligibility.

**INDIAN PREFERENCE:**

Are you an Enrolled Member of a Federally Recognized Tribe?.....Yes  No

If yes, please specify the name of your Tribe: \_\_\_\_\_

(Please attach a copy of your membership for verification purposes.)



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**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that the Employer is relying upon all of the representation, both written and oral, which I have made during the entire process of applying for employment with the Oglala Sioux Tribe.

In the event of employment, I understand that if I make any false statements, misrepresentations, or omissions in this application process I may be discharged at any time during my employment and I agree to hold the Employer and person named herein harmless in that event. I understand, also, that I am required to abide by all rules and regulations of the Oglala Sioux Tribe.

**APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION**

In connection with this application, I authorize investigation of all statements contained in the Employment Application with Tribal, Federal and State law enforcement agencies, former employers and any other persons or agencies deemed necessary in arriving at an employment decision upon presentation of this waiver, or a photocopy of this waiver, whether in person, by mail, fax, or other method of conveyance.

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original of my signature.

Examples of types of information I am requesting that you provide include information you may have concerning my qualifications and suitability and any other significant information related to job performance.

I hereby authorize the Oglala Sioux Tribe and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the Tribe and authorize the release of any such information, including, but not limited to, any criminal conviction on my record. Moreover, I hereby release the Oglala Sioux Tribe and any agent acting on its behalf from any liability by reason of requesting such information from any person.

\_\_\_\_\_

Full Name (Print)

\_\_\_\_\_

Social Security #

\_\_\_\_\_

Signature/Authorization

\_\_\_\_\_

Date Signed