



THE SHOSHONE-BANNOCK TRIBES

APPLICATION FOR EMPLOYMENT

Shoshone-Bannock Jr. /Sr. High School

Personnel Department

P.O. BOX 306, PIMA DRIVE FORT HALL, IDAHO 83203

(208) 478-3862

Fax: (208) 478-3950

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL

PLEASE PRINT OR TYPE

Miss _____

Mrs. Name _____

Mr. _____

Ms. Address _____

City, State, Zip _____

Telephone #: _____

Message #: _____

Date _____

Social Security #: _____

Valid Drivers License #: _____
Attach Photo Copy

State Issued: _____

E-Mail: _____

Male Female

Are you an enrolled Shoshone-Bannock Tribal Member? Yes No Enrollment #: _____
Attach Photo Copy

Tribal Affiliation: _____

Please submit a certificate of tribal enrollment for Native American Indian preference

EMPLOYMENT DESIRED

- Permanent
- Part-time/Temporary
- Volunteer
- Seasonal

Positions Applied for:

1. _____
2. _____
3. _____

Salary Desired: _____	Date Available: _____	Have You Ever Been Employed Here Before? No <input type="checkbox"/> Yes <input type="checkbox"/> Dates _____ to _____
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Are you employed now? Yes No

May we contact your employer: Yes No

Referral Source:

- Advertisement
- Employee
- Employment Agency
- Self
- School

Other _____

Do you have an immediate family member working at Shoshone-Bannock Tribes or School? Yes No

Name(s): _____ Relationship(s): _____

Have you ever been convicted of an offense including acts of dishonesty and/or crimes involving children, other than a minor traffic violation? Yes No

If yes, list date, place, and offense:

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

EDUCATION / TRAINING

Education	Name and Location of School	Years Attended	Dates Attended		Completed		Degree/Field
					Yes	No	
High School							
College							
College							
Trade/Business Or other College							

Indicate License or Certification: _____
 Subjects of Special Study _____
 Specify Skills: _____

Clerical Skills: Typing Speed _____ Shorthand: _____
 Computer Experience: _____

Employment History

Employer	Dates From To		Work Performed
Address & Phone #			
Job Title			
Supervisor	Hourly Rate/Salary Starting Final		
Address & Phone #			
Reason for Leaving			
Employer	Dates From To		Work Performed
Address & Phone #			
Job Title			
Supervisor	Hourly Rate/Salary Starting Final		
Address & Phone #			
Reason for Leaving			
Employer	Dates From To		Work Performed
Address & Phone #			
Job Title			

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Employer	Dates From To		Work Performed
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Employer	Dates From To		Work Performed
Address & Phone #			
Job Title			
Supervisor	Hourly Rate/Salary Starting Final		
Address & Phone #			
Reason for Leaving			

MILITARY

Service Branch	Date Entered	Date Discharged	Rank Attained	Specialty
Special Training:				
Discharge Type:				

REFERENCES

List names and address of three (3) persons not related to you.

Name	Address	Business/Title	Phone
1.			
2.			
3.			

PROFESSIONAL STAFF APPLICANT QUESTIONNAIRE

1. Would you be willing to volunteer your assistance with extra-curricular activities?
If so, which areas?

2. What do you want to accomplish as a teacher?

3. An experienced teacher offers you the following advice: "When you are teaching be sure to command the respect of your students and all will go well". What is your philosophy on education?

4. A parent comes to you and complains that what you are teaching his child is irrelevant to the child's needs. How would you respond?

5. What do you think will (do) provide you the greatest enjoyment in teaching?

6. When you have some free time, what do you enjoy doing the most?

7. How do you go about reinforcing student achievement?

8. What is your experience with the Native American Culture?

9. Have you any knowledge or experience with school effectiveness programs; site based management teams, and/or cooperative education procedures?

10. How do you determine your curriculum for the year? What procedures would you utilize in implementing the curriculum for the year?

Shoshone-Bannock Tribes

1. GENERAL POLICY

It is the applicant's responsibility to have placement credentials and official transcripts sent to the Shoshone-Bannock Tribes Personnel Department. Your file will not be considered complete without them.

2. MINIMUM PROFESSIONAL TEACHERS TRAINING REQUIREMENTS

Graduation from an approved college or university with proper teaching majors for standard accreditation.

3. TEACHERS CERTIFICATION

Initial teaching appointment to the Shoshone-Bannock Tribes is dependent upon the possession of credentials, or the ability to obtain a valid Idaho Teaching Certificate.

4. TRANSCRIPTS

Teachers are to file an official college transcript with the Personnel Department and all professional records must be kept current and accurate.

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT AFFIDAVIT**

Authorization is hereby given to the Shoshone-Bannock Tribes, to request any information necessary as provided in this application and investigation of all statements contained therein, as may be necessary in arriving at an employment decision. I also authorize disclosure and release every person, firm, previous and current employers, schools, any other organizations, and the Shoshone-Bannock Tribes from any and all liability whatsoever resulting from the release of this information.

I understand that my employment will be based upon passing a criminal background investigation in compliance with the Indian Child Welfare Act of 1972 and Public Law 100-630, November 28, 1990. In the event of my employment with the Shoshone-Bannock Tribes, I will comply with all rules, regulations, and policies set forth in the Shoshone-Bannock Tribes Personnel Policies and Procedures Manual including Public Law 100-690, Sub Title "D", Drug Free Work Place Act of 1988. Applicant must pass an Alcohol and Drug Test as a condition of employment.

I certify that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in the application is cause for rejection of the application or separation from the Shoshone-Bannock Tribes if I have been employed. I, hereby, understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time with proper notice and the Employer may discharge the Employee at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Applicant Signature _____

Date _____

Indian Preference

Equal Opportunity Employer

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any authorized representative of the Shoshone-Bannock Tribes bearing this release, or copy thereof, within one (1) year of its date, to obtain any information in my files pertaining to employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records.

I hereby give approval for the release of such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Shoshone-Bannock Tribes.

I hereby release the Shoshone-Bannock Tribes, as the custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my social security number on a voluntary basis with the understanding that Federal status or regulation does not require such. Should there be any questions as to the validity of this release, you may contact me as indicated below.

FULL NAME: _____
Signature

Date: _____

OTHER NAMES USED: _____

FULL NAME: _____
Typed or Print

SOCIAL SECURITY #: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____

MESSAGE NUMBER: _____

E-MAIL ADDRESS: _____

