

APPLICATION FOR EMPLOYMENT



UNITED TRIBES TECHNICAL COLLEGE

3315 UNIVERSITY DRIVE
BISMARCK, NORTH DAKOTA 58504

PHONE (701) 255-3285 - FAX (701) 530-5486

United Tribes Technical College provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, or status as a Vietnam-era or special disabled veteran in accordance with applicable federal laws, except where specific age, sex or physical requirements are a bona fide occupational qualification, or where Indian Preference or Veteran's Preference are appropriately claimed.

Persons of Indian ancestry who are at least 1/4 degree and wish to claim Indian Preference must submit a statement indicating the degree of Indian blood and agency enrollment.

POSITION(S) APPLIED FOR

DATE _____

NAME		SOCIAL SECURITY NUMBER	
STREET		APT. NO.	
CITY		STATE	ZIP
PHONE NO.	REFERRED BY:		

Do you want to work? FULL TIME PART TIME **If part-time, specify days and hours:** _____

Are you willing to work overtime as necessary? YES NO

Date you can start: _____ Salary desired: \$ _____ per Hour Month

Have you ever been employed by us? YES NO **If yes, when?** _____

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? YES NO

If yes, please explain: _____

Have you ever been convicted of a crime? YES NO

If yes, state nature of offense, when, where, and disposition: _____

Do you have the legal right to work and remain in the United States? YES NO

* A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

** Federal laws require that employees hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, UTTC will verify status of every individual offered employment with UTTC. In this connection, all offers of employment are subject to verification of the applicant identity and employment authorization, and will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.

- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -

State name(s) of any relative(s) in our employment and your relationship to them:

Indicate what foreign language and/or Indian languages or dialects you speak, read, and/or write:

RECORD OF EDUCATION

SCHOOL		
ADDRESS OF SCHOOL, CITY, STATE		
COURSES OF STUDY		
NUMBER OF YEARS COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE RECEIVED
SCHOOL		
ADDRESS OF SCHOOL, CITY, STATE		
COURSES OF STUDY		
NUMBER OF YEARS COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE RECEIVED
SCHOOL		
ADDRESS OF SCHOOL, CITY, STATE		
COURSES OF STUDY		
NUMBER OF YEARS COMPLETED	DID YOU GRADUATE	DIPLOMA OR DEGREE RECEIVED

PRIOR WORK HISTORY

(List in order, last or current employer first. Account for any gaps in your employment.)

EMPLOYER NAME		POSITION TITLE
EMPLOYER ADDRESS, CITY, STATE		
TELEPHONE NUMBER OF EMPLOYER	DATES EMPLOYED	RATE OF PAY
SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING	
DESCRIBE IN DETAIL THE WORK YOU PERFORMED (If you need more room to complete your prior work history, use additional sheets of paper)		
EMPLOYER NAME		POSITION TITLE
EMPLOYER ADDRESS, CITY, STATE		
TELEPHONE NUMBER OF EMPLOYER	DATES EMPLOYED	RATE OF PAY
SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING	
DESCRIBE IN DETAIL THE WORK YOU PERFORMED (If you need more room to complete your prior work history, use additional sheets of paper)		

PRIOR WORK HISTORY (continued)

EMPLOYER NAME		POSITION TITLE
EMPLOYER ADDRESS, CITY, STATE		
TELEPHONE NUMBER OF EMPLOYER	DATES EMPLOYED	RATE OF PAY
SUPERVISOR'S NAME/TITLE	REASON FOR LEAVING	
DESCRIBE IN DETAIL THE WORK YOU PERFORMED (If you need more room to complete your prior work history, use additional sheets of paper)		
COMMENTS: (Include explanation of any gaps in employment.)		

MILITARY SERVICE RECORD

Have you ever served in the United States Armed Forces? YES NO

List duties in the Service, including special training that is relevant to the position for which you have applied.

SKILLS (Summarize job-related skills and qualifications or certifications.)

Typing: _____ w.p.m. Computer Programs: _____

Other Office Equipment: _____

Are there any other experiences, skills, or abilities you feel may be helpful to us in considering your application?

PERSONAL REFERENCES (Excluding relatives) List two work-related references and one personal reference

NAME		OCCUPATION
ADDRESS		
DATES KNOWN:		TELEPHONE
NAME		OCCUPATION
ADDRESS		
DATES KNOWN:		TELEPHONE
NAME		OCCUPATION
ADDRESS		
DATES KNOWN:		TELEPHONE

PRE-EMPLOYMENT STATEMENT (Please read carefully and sign the statement below.)

I understand that:

- 1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from UTTC's employment.**

- 2. I understand that any offer of employment that I receive from UTTC is contingent upon my successful completion of the college's total pre-employment screening process, including UTTC receiving references that it considers satisfactory.**

- 3. If UTTC decides to engage an investigative consumer reporting agency to report on my education or personal history, I authorize it to do so. I understand that it will do so if it has a business-related reason for doing so. If a report is obtained, I understand that upon written request, the name of agency will be provided to me so that I may obtain information regarding the nature and substance of information contained in the report.**

- 4. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of UTTC and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either UTTC or myself. I further understand that no manager or representative of UTTC, other than the President has the authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the individual designated above.**

Signature

Date

APPLICANT DATA RECORD



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PHONE (701) 255-3285 - FAX (701) 530-06&-

United Tribes Technical College subscribes to a policy of equal opportunity. Decisions regarding employment are made on the basis of an individual's qualifications and United Tribes is committed to the principle of not discriminating against individuals on the basis of race, color, religion, sex, national origin, age, handicap or disability, or status of Vietnam-era or special disable veteran in accordance with federal law.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **CONFIDENTIAL FILE** separate from the Application of Employment.

(PLEASE PRINT)

DATE _____

POSITION(S) APPLIED FOR

REFERRAL SOURCE

Advertisement Friend Relative Walk-In Radio Announcement Job Service Other: _____

NAME		SOCIAL SECURITY NUMBER	
STREET		APT. NO.	
CITY	STATE	ZIP	
PHONE NO.			

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group:

White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran

Disabled Veteran

Qualified Special Disabled Veteran

Other Covered Veteran

Newly Separated Veteran

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:

YES

NO

Positions Considered For:

Date

NOTES: