



CHECKLIST FOR EMPLOYMENT APPLICATION

Important Note: This checklist is attached to assist you in the job application process. The documentation listed below **MUST** be submitted when applying for employment with the Northern Cheyenne Tribal Housing Authority.

All documents in this application must be filled out and signed otherwise it is considered an incomplete application and will not be considered.

1. Completed and signed NCTHA Job Application. _____
2. Current Personal Resume. _____
3. Copy of Tribal Enrollment ID or Certificate. _____
4. Signed Drug/Alcohol Screening Consent Form. _____
5. Signed Confidentiality Statement Form. _____
6. Background Check Consent Form. _____
7. Driver's License (copy) must be current and valid. _____
8. State of Montana Driving Record. _____

It is the applicant's responsibility to obtain their driving record. Instructions on requesting a Montana Motor Vehicle Division Driving Record are attached to the NCTHA Job application packet.

Northern Cheyenne Tribal Housing Authority
P.O. Box 327
Lame Deer MT 59043



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Name: _____

Last _____

First _____

Middle _____

Present Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Social Security Number: _____ US Citizen: Yes No

DOB: _____ Driver's License: Yes No

Position Applying for: _____

Date Available: _____ Desired Salary: _____

Have you been convicted of a felony: YES NO

If yes explain why: _____

EDUCATION

Type of School	Name of School & Location	Major or Specialization	Date Graduated
High School/GED			
College/University			
Trade School			

REFERENCES – Please provide three professional or past employer references.

Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	

MILITARY SERVICE

Branch:	FROM:	TO:
Rank at Discharge:	Type of Discharge:	

PREVIOUS EMPLOYMENT

Company:	Phone#:
Address:	Supervisor:
Job Title:	Starting Salary: \$ Ending Salary: \$
Responsibilities:	
Reason for leaving:	
From:	To:
May we contact your previous supervisor as a reference? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Company:	Phone#:
Address:	Supervisor:
Job Title:	Starting Salary: \$ Ending Salary: \$
Responsibilities:	
Reason for leaving:	
From:	To:
May we contact your previous supervisor as a reference? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Company:	Phone#:
Address:	Supervisor:
Job Title:	Starting Salary: \$ Ending Salary: \$
Responsibilities:	
Reason for leaving:	
From:	To:
May we contact your previous supervisor as a reference? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

DISCLAIMER AND SIGNATURE:

I certify that my answers are true and complete to the best of my knowledge. I authorize the NCTHA Human Resources Coordinator to investigate any statement in this application. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release of work.

Signature

Date



DRUG AND ALCOHOL EMPLOYMENT SCREENING CONSENT FORM

I _____, consent to the Northern Cheyenne Tribal Housing Authority's request for a sample for the purpose of determining the presence of drugs, alcohol, or other controlled substances, and I authorize the selected laboratory, its physicians, technicians, and laboratories to do so.

Further, I understand and consent that the results of those tests may be given, by the Company's authorized laboratory and/or its agents, to a Medical Review Officer (MRO) and/or a Company designee. Based on the results, appropriate action as per the Northern Cheyenne Tribal Housing Authority's Substance Abuse Policy, if necessary, will be taken.

Employee Name (Print): _____

Employee Signarure: _____

Social Security Number: _____

Supervisors Signature: _____

Date: _____



Northern Cheyenne Tribe Housing Authority Confidentiality Agreement

I, _____, will abide by the Northern Cheyenne Tribal Housing Authority Confidentiality Agreement that is stipulated in the revised NCTHA Personnel Policies and Procedures adopted on April 7, 2020, see page 16 of the Personnel Manual.

Confidential Information

1. NCTHA information shall not be disclosed to the general public nor shall NCTHA documents be taken from the premises without prior approval from the Executive Director. Certain NCTHA information, if released, could have a detrimental effect on the NCTHA or its ability to do business. All NCTHA business information is "privileged" and should not be disclosed outside the NCTHA unless a valid "need to know" basis has been established.
2. Violations of this policy could lead to disciplinary action and/or termination. Many NCTHA employees are privileged to sensitive and private information regarding individuals and entities utilizing NCTHA's services to obtain affordable housing. This information, such as income, must remain confidential. Any employee who breaches this provision will be subject to disciplinary action up to the end including termination from employment.

I hereby attest and will abide by the Confidentiality Policy indicated above.

Employee Signature: _____ Date: _____

Administrative Assistant: _____ Date: _____

Executive Director: _____ Date: _____



Northern Cheyenne Tribe Housing Authority Background Check Consent and Release Waiver

Date: _____

Applicant's Legal Name (Printed) _____

Social Security Number: _____ Date of Birth: _____

Applicants Address: _____

City: _____ State: _____ Zip: _____

I, _____, authorize and give consent for the above-named organization to obtain information regarding myself. This includes the following:

1. Tribal/Local Criminal background check.
2. State and Federal Criminal background checks.
3. Local Sex offenders' registries.

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm, or organization providing information or records per this authorization is released from all claims of liability for compliance. Such information will be held in confidence per the organization's guidelines.

By signing this document, I am providing the Northern Cheyenne Tribal Housing Authority with my consent for an initial background check as well as any subsequent background check deemed necessary throughout the length of my employment assignment with this organization.

Employee Signature: _____ Date: _____

Administrative Assistant: _____ Date: _____

Executive Director: _____ Date: _____

INSTRUCTIONS ON HOW TO OBTAIN DRIVING RECORD:

How to Request a Driving Record

Note: If you request more than a few records, they may not be available on the same day you request them Online.

For individuals:

<https://doimt.uov/driving-records/copydrivingrecord>

Go to Driver History Records Service and click on the "Public User" button.

To continue, you must accept the Intended Use Statement, certifying that you will use the information only for allowed purposes.

You also need:

- a. a valid credit card to pay the \$7.25 fee for each record requested.
- b. a printer to print the record.

When you use the online service, the record is provided in an electronic format as soon as you complete the transaction. You will need to print the record immediately after completing the transaction. The record is not mailed to you and cannot be saved or copied from the electronic file.

By Mail

Complete a Release of Driving Records (Form 34-0100) for each record requested, providing the driver's full name, date of birth, and license number. This form must be either notarized or you must attach a copy of your state or government-issued photo identification, such as a driver's license, identification card, or passport. This photo identification cannot have been expired for more than four years.

In addition to the form, be sure to enclose:

- a. copies of the required identification (if the form is not notarized)
- b. the \$4 fee for each record requested — check or money order only (U.S. funds). Credit cards are not accepted.
- c. stamped, self-addressed envelope.

(Alternately, if you would like the record sent via fax, enclose an additional \$3 for each record, and do not send a self-addressed envelope.)

Mail the required information and fee to: Motor Vehicle Division, P.O. Box 201430, Helena, MT 59620-1430