



TURTLE MOUNTAIN HOUSING AUTHORITY, T.D.H.E.
TRIBALLY DESIGNATED HOUSING ENTITY

P.O. BOX 620 • 9818 BIA RD 7 – SUITE 7 • BELCOURT, NORTH DAKOTA • 58316-0620
TELEPHONE: 701-477-5673 • ADMINISTRATION OFFICE FAX:701-477-0193

APPLICATION FOR EMPLOYMENT
CHECKOFF LIST

In order for the Turtle Mountain Housing Authority to process your application you will need the following:

- _____ 1. Completed Application
- _____ 2. Copy of High School Diploma or GED
- _____ 3. Copy of College Transcripts (if applicable)
- _____ 4. Veterans Preference (if applicable) – Form DD-214
- _____ 5. Proof of Tribal Enrollment
- _____ 6. Proof of Driver’s License (if applicable)
- _____ 7. Proof of Personal Vehicle Insurance, you must provide a copy of your insurance (if applicable)

REMEMBER:

An incomplete Application will not be **Accepted or Scored**.



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APPLICATION FOR EMPLOYMENT

Position or Job Title Applied For: _____

PART I. GENERAL INFORMATION

| | | | |
|---------------------------|---------|--|-----------------|
| Name (Last) | (First) | (Middle Initial) | Home Telephone |
| Address (Mailing Address) | (City) | (State) | Other Telephone |
| E-Mail Address | | Are you legally entitled to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PART II. POSITION APPLYING FOR

| | | |
|---|--|---|
| Position or Type of Employment Desired: | Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary | Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating |
| Are you able to perform the essential functions of the job you are applying for with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Date you can start work: | | |
| Days Available: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | | |

PART III. DRIVERS LICENSE INFORMATION

| | |
|--|----------------|
| Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | Issuing State: |
| Endorsements (check all that apply) Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | |
| CDL Endorsements: <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> T | |

Name: _____

PART IV. EDUCATION AND TRAINING

| High School Graduate or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
|---|---------------------|--|--------------------------|
| If no, list the highest grade completed: | | | |
| Other education after High School (most recent first) | | | |
| Name of School, City & State | # of Credits Earned | Graduated | Major or Course of Study |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Occupational License, Certificate of Registration | Number | Issued By | Expiration Date |
| | | | |
| | | | |
| Are you a U.S. Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

PART V. ADDITIONAL INFORMATION AND SKILLS

| |
|---|
| Describe volunteer work, community involvement, hobbies, or other qualifications or skills: |
|---|

PART VI. WORK EXPERIENCE

| | | |
|--|--|-------------------|
| Employer | Telephone Number | From (Month/Year) |
| Street Address/City/State | | To (Month/Year) |
| Job Title | | Hours per Week |
| Duties/Skills/Equipment and Software used: | | Last Salary |
| | | Last Supervisor |
| Reason for Leaving: | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Name: _____

| | | |
|--|--|-------------------|
| Employer | Telephone Number | From (Month/Year) |
| Street Address/City/State | | To (Month/Year) |
| Job Title | | Hours per Week |
| Duties/Skills/Equipment and Software used: | | Last Salary |
| | | Last Supervisor |
| Reason for Leaving: | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--|--|-------------------|
| Employer | Telephone Number | From (Month/Year) |
| Street Address/City/State | | To (Month/Year) |
| Job Title | | Hours per Week |
| Duties/Skills/Equipment and Software used: | | Last Salary |
| | | Last Supervisor |
| Reason for Leaving: | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

PART VII. BUSINESS-RELATED REFERENCES

| Name | Address | City | State | Zip | Phone Number |
|------|---------|------|-------|-----|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

I certify the information contained in this application is true, correct, and complete.
 I understand that if I become employed, false statements reported on this application may be considered sufficient cause for dismissal.

Applicant Signature: _____ Date: _____



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**NORTH DAKOTA CRIMINAL RECORDS
BACKGROUND CHECK**

Employment Application

I Authorize the Turtle Mountain Housing Authority to complete a North Dakota Criminal Records background check. There is no charge.

Please sign and submit this form to Turtle Mountain Housing Authority.

Name: _____

SS#: _____ DOB: _____

Signature of Applicant: _____



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**TURTLE MOUNTAIN TRIBAL COURT
BACKGROUND CHECK**

Employment Application

I Authorize the Turtle Mountain Tribal Court to complete a background check.

Please sign and submit this form to Turtle Mountain Tribal Court in Belcourt, North Dakota along with a \$10 Money Order and return background check receipt to the TMHA.

Name: _____

SS#: _____

DOB: _____

Signature of Applicant: _____