Application for Employment



Position applied for:		Date:
Name:		Gender:
Address:		Apt. No.:
City:	State:	ZIP:
Phone:	Email:	
How did you hear about this position?:		
Type of Work: ☐ Full-time ☐ Part-time	Desired Salary:	Start Date:
Are you willing to work overtime as necessary	? □ Yes □ No	
Is there anything that would prevent you from ☐ Yes ☐ No	n performing in a reasonable and safe manner t	he duties of the position you have applied for?
If yes, please explain:		
Have you ever been convicted of a crime? If yes, please explain:	Yes No	
Will you now or in the future require sponsor	rship for employment visa status? (E.G. H-1B	Visa status) Yes No
Do you have the legal right to work and rema	in in the United States? Yes No	
(Must be authorized to work in the U.S. is a	precondition of employment)	
Do you have a valid Driver's License?	es 🗆 No	
Driver's License Number:		
Have you ever applied to or worked for UTT0 If yes, please explain:	C before? □ Yes □ No	
State name(s) of any relative(s) in our employs	ment and your relationship to them:	
Indicate any foreign language and/or Indian la	anguages or dialects you speak, read or write:	

Record of Education

School:			
Address:			
City:		State:	ZIP:
Course of Study:	Years Completed:	Graduate:	Diploma/Degree:
School:			
Address:			
City:		State:	ZIP:
Course of Study:	Years Completed:	Graduate:	Diploma/Degree:
School:			
Address:			
City:		State:	ZIP:
Course of Study:	Years Completed:	Graduate:	Diploma/Degree:

Employment History

Employer:	Job Title:		
Address:			
City:		State:	ZIP:
Supervisor:		Phone:	
Dates Employed:		Rate of Pay:	May we contact employer?
Describe in detail the work you performed:			
Reason for Leaving:			
Employer:	Job Title:		
Address:			
City:		State:	ZIP:
Supervisor:		Phone:	-
Dates Employed:		Rate of Pay:	May we contact employer?
Describe in detail the work you performed:			
Reason for Leaving:			

Employment History Continued...

Employer:	Job Title:		
Address:			
City:		State:	ZIP:
Supervisor:		Phone:	
Dates Employed:		Rate of Pay:	May we contact employer?
Describe in detail the work you performed:			
Reason for Leaving:			
Employer:	Job Title:		
Address:			
City:		State:	ZIP:
Supervisor:		Phone:	
Dates Employed:		Rate of Pay:	May we contact employer?
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Employment History Continued...

Employer:	Job Title:		
Address:			
City:		State:	ZIP:
Supervisor:		Phone:	
Dates Employed:		Rate of Pay:	May we contact employer?
Describe in detail the work you performed:			
Reason for Leaving:			
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Address:			
City:		State:	ZIP:
Supervisor:		Phone:	
Dates Employed:		Rate of Pay:	May we contact employer?
Describe in detail the work you performed:			
Reason for Leaving:			

Employment History Continued...

Employer:	Job	Title:		
Address:				
City:			State:	ZIP:
Supervisor:			Phone:	,
Dates Employed:			Rate of Pay:	May we contact employer?
Describe in detail the work you performed:				
Reason for Leaving:				
Please include explanation of any gaps in employment:				
Summarize job related skills and qualifications/certificat	tes			
Typing (WPM)				
Computer Programs:				
Other Office Equipment:				
Are there any other skills, or abilities that you feel may b	be helpful to us	s in considering your	application?	
Have you ever served in the United States Armed Forces	s? □ Yes	□ No		
Are you claiming Veteran preference? ☐ Yes ☐ No		_ 1,0		
List duties while serving, including special training that	is relevant to t	he position for which	you have applied.	
Are you claiming Indian preference? ☐ Yes ☐ No				
Tribal Affiliation			Enrollment No.:_	

References

List two work related references and one personal reference (EXCLUDING Relatives)

Name:	Relationship:	
Address:		
City:	State: ZIP:	
Phone:	Date Known:	
Name:	Relationship:	
Address:		
City:	State:	ZIP:
Phone:	Date Known:	
Name:	Relationship:	
Address:		
City:	State:	ZIP:
Phone:	Date Known:	

Pre-Employment Statement Susbtance Testing Permission Form

1. Amphetamines

I

I freely and voluntarily give my permission to submit to urinalysis and or other screening or tests as shall be determined by United Tribes Technical College (UTTC) under its administration of applicable regulations of the U.S. Department of Transportation (DOT) including 49 CFR Parts 40 and 382, UTTC Policy and in substantial compliance with applicable state statues pertaining to a Drug Free Workplace, if any, in the selection process of all applicants for employment, for the purpose of determining the presence of, and content of, any and all of the following substances:

MethamphetamineMDMA (Ecstasy)
2. Cannabinoids
3. Cocaine
4. Phencyclidine (PCP)
 5. Opiates 6-Acetyl Morphine (Heroin) Codeine Morphine
6. Alcohol
I also understand and acknowledge that I may be subject to non-DOT screening and testing under UTTC Policy as set forth in the policy.
I further agree to and hereby authorize the release of the results of said tests to UTTC and to UTTC's medical review officer and its Service Agents as provided in the policy.
I understand that a negative test is a pre-condition of employment with UTTC and the refusal to submit to testing or a positive test result will result in the rejection of my application or the rescinding of a conditional offer of employment. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that preemployment screening and testing activities are conducted in compliance with the ADA requirements applicable to UTTC if any.
Mandatory Question During the past two years, have you tested positive or refused to test an any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules?
☐ Yes ☐ No
I further agree that a reproduced copy of this form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.
Applicant Printed Name:
Applicant Signature: Date:

Pre-Employment Statement

I understand and agree 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 United Tribes employment.
- I understand that any offer of employment I may receive from United Tribes Technical College is contingent upon successful
 completion of the college's total pre-employment screening process, including United Tribes Technical College receiving references that
 it considers satisfactory.
- 3. If United Tribes Technical College decided 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 the 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 United Tribes Technical College and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either United Tribes technical College or myself. I further understand that no manager or representative of United Tribes Technical College, other than the President has any authority to enter into an 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.
- 4. I certify that my response to the above questions are made under penalty and perjury and I understand that a criminal history check will be conducted and is a condition of employment.

Signature:	Date:

United Tribes Technical College (UTTC) does not discriminate on the basis of race, color, national origin, sex, religious preference, age, handicap, marital status, political preference, or membership or non-membership in an employee organization, except as allowed by the Indian preference provision of the civil rights act of 1964, as amended.

A conviction record will not necessarily be a bar from employment. This information will only be used for job-related purposes and only to the extent permitted by applicable law. Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, UTTC will verify the status of every individual offered employment with UTTC. UTTC will not sponsor work-related visas.

Applicants are responsible for providing proof of enrollment in a federally recognized tribe if Indian preference is claimed. Applicants are responsible for providing a copy of his/her United States Government Form DD214 or his/her honorable discharge certificate from any branch of the military service if veteran's preference is claimed. Failure to provide proof will result in loss of Indian or veteran preference in employment.

Application and required documents can be completed and submitted online at https://uttc.edu/careers/, via email to nbercier@uttc.edu, or mail to Human Resources Department, United Tribes Technical College, 3315 University Drive, Bismarck, ND 58504. Applications and Required Documents received after the closing date and time of a job posting will NOT be considered.

Upon selection, the applicant is responsible to obtain and complete a Transcript Request Form from the last institution attended. The applicant will submit the completed form to the Human Resources Department. The Human Resources Department will cover any fees required to obtain official transcripts.