

Sicangu Wicoti Awayankapi
 SWA Corporation
 P.O. Box 69
 Rosebud, South Dakota
 57570
 Phone 605-747-2203
 1-888-379-3411
 Fax: 605-747-2966

APPLICATION FOR CONSTRUCTION EMPLOYMENT

Name: _____

Position Applying For: _____

S.W.A. Corporation Personnel Department has developed a checklist to assist you in assuring that relevant documents are attached to your application. To insure that your application is complete, please attach verification of the documents listed below (if applicable)

•	Tribal Enrollment	()
•	Valid South Dakota Driver's License, if applicable, or a valid ID	()
•	Social Security Card	()
•	High School Diploma or GED	()
•	DD-214, If Claiming Veteran's Preference	()
•	College Diploma	()
•	Certification/Certificates	()
•	Updated Resume, if applicable	()

YOU WILL NOT RECEIVE CREDIT FOR ANY DOCUMENT THAT IS NOT ATTACHED.
 Completed applications will be kept on file for a period of three months. It is your responsibility to assure that your application is kept updated.

ROSEBUD, SOUTH DAKOTA
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APPLICATION FOR EMPLOYMENT
(PLEASE PRINT OR TYPE)

POSITION YOU ARE APPLYING FOR: _____

PERSONAL INFORMATION:

Full Name of Applicant:

Other Names Used:

Date of Birth: _____ Social Security No.:

Address:

Phone No.: _____ PO Box # _____ City _____ State/Zip _____
Message No.: _____

• Are you an enrolled member of the Rosebud Sioux Tribe? ____ yes ____ no
(Attach verification of enrollment)

• Are you an enrolled member of a federally recognized Tribe other than the Rosebud
Sioux Tribe? ____ yes ____ no **(Attach verification of enrollment)**

• Are you prevented from lawfully becoming employed in this country because of VISA or
Immigration status? ____ yes ____ no

(Proof of citizenship or immigration status will be required upon employment)

• Do you have an immediate family member working for S.W.A. Corporation? __yes
__no

If yes, please indicate name, department and relationship:

• Do you have a valid South Dakota Driver's License? ____yes ____no
(Attach copy for verification)

• Do you have reliable transportation? ____yes ____no

• Have you served in the United States Military Service? ____ yes ____ no
(If yes, attach copy of DD-214)

• Have you ever had any job related training in the United States Military? __yes __no
If yes, please describe and attach documentation:

- _____
- Have you ever been convicted of a FELONY? (For most jobs, a conviction of a Felony will not automatically be ground for disqualification). _____yes _____no

If yes, please explain when and disposition of case:

- Do you consent to a background check? _____ yes _____ no

EDUCATION

High School:

Address: _____ Phone No.:

Did you receive a High School Diploma or GED? _____ yes _____ no
(Please attach copy)

If yes, what month/year did you receive your diploma or GED?

College or University:

Address: _____ Phone No.:

Dates attended: _____ Major Study:

Date Degree received: _____ (Attach transcripts)

Honors

received: _____

Describe any specialized training, apprenticeship, skills and your extra-curricular activities:

(Attach Certificates)

Have you received any vocational, technical, or apprenticeship training? ____ Yes ____ No

If yes, explain:

Have you received any certification: ___ Yes ___ No

If yes, explain:

EMPLOYMENT

List the positions you have held in the last 10 years. Account for volunteer, part time, military service, summer positions and periods of employment.

It is critical that you provide complete information. List each change of title or promotion separately. You may attach your resume if available. Start with your present or most recent and work backwards. Attach additional sheets if necessary.

- From: _____ To: _____

Job Title: _____ Supervisor: _____

Employer Name:

Address: _____ Phone No.:

Salary: Hr. Wage: _____ Hrs. per week:

Reason for leaving:

Duties and Responsibilities:

- From: _____ To: _____

Job Title: _____ Supervisor: _____

Employer Name:

Address: _____ Phone No.:

Salary: Hr. Wage: _____ Hrs. per week:

Reason for leaving:

Duties and Responsibilities:

- From: _____ To: _____

Job Title: _____ Supervisor: _____

Employer Name:

Address: _____ Phone No.:

Salary: Hr. Wage: _____ Hrs. per week:

Reason for leaving:

Duties and Responsibilities:

- Have you ever been employed with the S.W.A. Corporation before? ___yes ___no

- Are you currently employed? _____yes _____no

If yes, may we contact your present employer? _____yes _____no

- When are you available for work?

Full time () Part Time () Temporary ()

- Are you physically able to perform the duties for the position for which you are applying?

_____ yes _____ no

- Do you have a physical condition which may limit your ability to perform the job that you are applying for? ___ Yes ___ NO

If yes, please explain:

EXPERIENCE WITH EQUIPMENT OPERATION

Back Hoe: ___ Yes ___ No If yes, years of experience: _____

Skid Steer Loader/Bob Cat: ___ Yes ___ No If yes, years of experience: _____

Truck Driver: ___ Yes ___ No

If yes, Size: _____ Make: _____ Type: _____ Years of experience: _____

SKILL LEVEL

INDICATE NUMBER OF YEARS OF EXPERIENCE THAT YOU ARE SKILLED IN

<u>SKILL</u>	<u>LEVEL</u>	<u>LEVEL</u>	<u>NUMBER OF YEARS</u>
Carpentry	Skilled _____	Unskilled _____	_____
Carpentry Helper	Skilled _____	Unskilled _____	_____
Carpentry Finisher	Skilled _____	Unskilled _____	_____
Plumber	Skilled _____	Unskilled _____	_____
Plumber Helper	Skilled _____	Unskilled _____	_____
Electrical	Skilled _____	Unskilled _____	_____
Drywall	Skilled _____	Unskilled _____	_____

Painter	Skilled ____	Unskilled ____	_____
Concrete Masonry	Skilled ____	Unskilled ____	_____
Concrete Finisher	Skilled ____	Unskilled ____	_____
Concrete Laborer	Skilled ____	Unskilled ____	_____
Roofing	Skilled ____	Unskilled ____	_____
Laborer	Skilled ____	Unskilled ____	_____
Other: _____	Skilled ____	Unskilled ____	_____

SPECIALIZED SKILL AND QUALIFICATIONS

Do you possess the basic tools necessary to complete work for the position that you are applying for? ____Yes ____No

Provide a list of tools that you currently possess that may be related to the position that you are applying for:

REFERENCES

Provide names, addresses and telephone numbers of three references who are not related to you and are not previous employers:

List any additional information which you feel may be beneficial to this application:

THANK YOU FOR YOUR INTEREST IN SEEKING EMPLOYMENT WITH THE SICANGU
WICOTI AWAYANKAPI CORPORATION (SWA).

Applicant's Signature

Date

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APPLICANT'S STATEMENT

RELEASE OF INFORMATION

Please read the following carefully before you sign. This application must be signed. Lack of signature will invalidate this application.

It is my understanding that the Sicangu Wicoti Awayankapi Corporation will conduct a thorough background investigation of my work history, educational history, and personal references.

It is my understanding that the Sicangu Wicoti Awayankapi Corporation will also conduct a criminal background check.

I understand that in order to conduct the background investigation and the criminal background check, information will be exchanged between the Sicangu Wicota Awayankapi Corporation and various organizations, schools, law

enforcement agencies and any other individual or related entities listed in my application for employment.

I consent to the exchange of information and release the Sicangu Wicota Awayankapi Corporation and such entities from all liability for any negative results that might result during the exchange of information.

I understand that falsification of data or other derogatory information discovered as a result of this investigation may prevent me from being hired or if hired, may subject me to immediate dismissal, even if I have begun to work.

I understand, also, that I am required to abide by all rules and regulations of the SWA Corporation and the criteria of the position description.

I certify that, to the best of my knowledge and belief, all my statements are correct, complete and made in good faith.

This Release of Information Form is valid for a period of one year from the date of my signature. Photocopies of this document may be used and recognized so long as the original form remains on file with the SWA Personnel Office.

(Print your name)

Signature of Applicant

Date