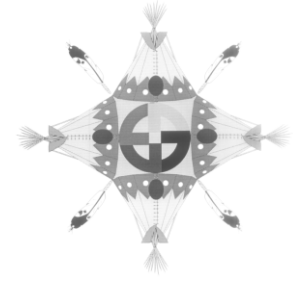


Sicangu Wicoti Awayankapi  
 SWA Corporation  
 P.O. Box 69  
 Rosebud, South Dakota 57570  
 Phone 605-747-2203 1-888-379-3411  
 Fax: 605-747-2966



## APPLICATION FOR CONSTRUCTION EMPLOYMENT

**Name:** \_\_\_\_\_

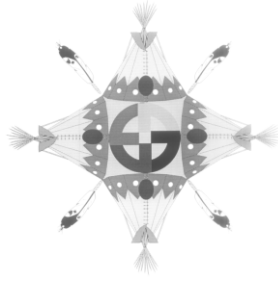
**Position Applying For:** \_\_\_\_\_

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)

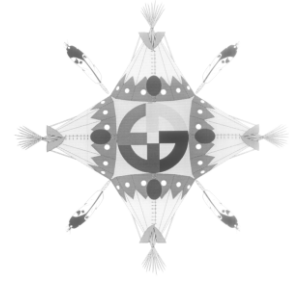
1.	Tribal Enrollment	( )
2.	Valid South Dakota Driver's License, if applicable, or a valid ID	( )
3.	Social Security Card	( )
4.	High School Diploma or GED	( )
5.	DD-214, If Claiming Veteran's Preference	( )
6.	College Diploma	( )
7.	Certification/Certificates	( )
8.	Updated Resume, if applicable	( )

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.



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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: \_\_\_\_\_  
PO Box# City State/Zip

Phone No.: \_\_\_\_\_ 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.

1. From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Salary: Hr. Wage: \_\_\_\_\_ Hrs. per week: \_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_

Duties and Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Salary: Hr. Wage: \_\_\_\_\_ Hrs. per week: \_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_

Duties and Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. 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:

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**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:

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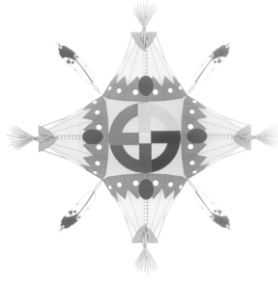
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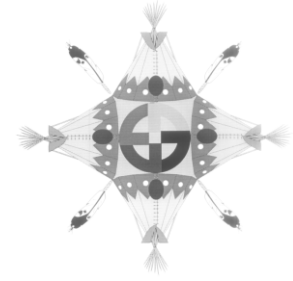
THANK YOU FOR YOUR INTEREST IN SEEKING EMPLOYMENT WITH THE SICANGU WICOTI  
AWAYANKAPI CORPORATION (SWA).

\_\_\_\_\_  
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