

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

## **EMPLOYMENT APPLICATION**

**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 application, please attach verification of the documents listed below (if applicable)

•	Tribal Enrollment	( )
•	Valid South Dakota Driver's License	( )
•	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.**

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APPLICATION FOR EMPLOYMENT  
(PLEASE PRINT OR TYPE)

POSITION YOU ARE APPLYING FOR:

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**PERSONAL INFORMATION:**

Full Name of Applicant:

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Other Names Used:

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Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address:

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State/Zip

PO Box #

City

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

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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:

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• Do you have a valid South Dakota Driver's License? \_\_\_\_yes \_\_\_\_no  
**(Attach copy for verification)**

• Do you have reliable transportation? \_\_\_\_yes \_\_\_\_no

- Do you consent to a background check? \_\_\_\_\_ yes \_\_\_\_\_no
- Have you served in the United States Military Service? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, list dates and branch for all active military duty:

\_\_\_\_\_

\_\_\_\_\_

- Have you ever had any job related training in the United States Military? \_\_\_yes \_\_\_no  
If yes, please describe and attach documentation:

\_\_\_\_\_

\_\_\_\_\_

- Are you physically able to perform the duties for the position for which you are applying?  
\_\_\_\_\_ yes \_\_\_\_\_ no

- 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:

\_\_\_\_\_

\_\_\_\_\_

### **EDUCATION**

High School:

\_\_\_\_\_

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

\_\_\_\_\_

Did you receive a High School Diploma or GED? \_\_\_\_\_ yes \_\_\_\_\_ no

**(Attach a copy)**

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

\_\_\_\_\_

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

\_\_\_\_\_ **(Attach**

**Certificates)**

College or University:

\_\_\_\_\_

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

\_\_\_\_\_

Dates attended: \_\_\_\_\_ Major Study:  
\_\_\_\_\_

Date Degree received: \_\_\_\_\_ (**Attach transcripts**)

Honors received:  
\_\_\_\_\_  
\_\_\_\_\_

### **SPECIALIZED SKILL AND QUALIFICATIONS**

Please summarize special job related skills and qualifications received through employment and other experiences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional, trade, business or civic activities in which you have participated:

\_\_\_\_\_

### **REFERENCES**

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

Name	Address	Telephone Number

### **EMPLOYMENT**

- 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 ( )

Please 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; however, your resume must contain all information requested by this application.

- Date Worked: From: \_\_\_\_\_ To: \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

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

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

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

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

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

Describe your duties and responsibilities (Use additional sheet, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Dates Worked: From: \_\_\_\_\_ To: \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

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

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

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

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

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

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

- Dates Worked: From: \_\_\_\_\_ To: \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

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

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

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

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

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

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

\_\_\_\_\_

- Dates Worked: From: \_\_\_\_\_ To: \_\_\_\_\_  
(Mo/Yr) (Mo/Yr)

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

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

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

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

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

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

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

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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 as it relates to employment possibilities. The background check may include but is not limited employment history, educational history, driving record 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 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 and such entities and or persons from all liability for any negative results that might be disclosed 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 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