

upon employment.

# **Employment Application**

	Date:		
First Name:	M.I Last	Name	
Gender: Male Fema	e D.O.B		
,	Indian Preference? Yes ppy of tribal ID or tribal enrollm		
*Attach Form DD214. Claim	reference? Yes No ms for disabled veteran's preference eteran's Affairs Office with the a	ence must include a	
Address:	City:	State:	ZIP:
Phone:	Email:	· · · · · · · · · · · · · · · · · · ·	<del> </del>
How did you hear about this	position?		
Desired Salary:	Date you can start:		
Are you willing to work ove	rtime as necessary? Yes	No	
Is there anything that would the position you have applied	prevent you from performing in a d for? Yes No	reasonable and safe n	nanner the duties of
Explain:			
Have you ever been convicted	ed of a crime? Yes No		
	necessarily be a bar from employr only to the extent permitted by app		n will only be used
Explain:			
Do you have a valid Driver's	s License? Yes No 1	Driver's License #:	
Do you have the legal right t	o work and remain in the United S	states? Yes No	0
the United States. In compliant offered employment with Nature verification of the applicant	ployers hire only individuals who ance with such laws, NATIVE, INCATIVE, INC. In this connection, alidentity and employment authorizate required by law to verify your identity.	C. will verify the statull offers of employmention, and it will be ne	us of every individual nt are subject to eccessary for you to

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Yes No If yes,	•		
Have you ever applied to or w	start and end date(s):	pefore? Yes No	
Indicate any foreign language			
Record of Education School	. Begin with highest level	of education.	
School #1:			
Address:			ZIP:
Course of Study:	Years Completed:	Did you Graduat	re? Yes No
Diploma/Degree Received: _		Date Degree Obtained:	
School #2:			
Address:			ZIP:
Course of Study:	Years Completed:	Did you Graduat	e? Yes No
Diploma/Degree Received: _		Date Degree Obtained: _	
School #3:			
Address:			ZIP:
Course of Study:	Years Completed:	Did you Graduate?	Yes No
Diploma/Degree Received: _		Date Degree Obtained:	
Prior Employment Histor List in order of current employ  (Current or Most Pecent) E	yer first.	· ·	
(Current or Most Recent) E			
Are you currently employed h			
Job Title:			7770
Address:			
Supervisor:			
Start Date:	End Date:	Rate of Pay:	<del> </del>

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	1			
escribe in detail the w	vork you performed:			
Leason for Leaving:				
Employer Name #2:				
	City:		ZIP:	
upervisor:		Phone:		
tart Date:	End Date:	Rate of Pay:		
Noverve contact this Em	malayan Na			
ray we contact this En	nployer? Yes No			
Describe in detail the w				
Describe in detail the w				
Describe in detail the w				
Describe in detail the w	vork you performed:			
Describe in detail the water Reason for Leaving:  Employer Name #3:	vork you performed:			
Describe in detail the water Reason for Leaving:  Employer Name #3:	vork you performed:		ZIP:	
Reason for Leaving:  Employer Name #3: _ ob Title:	vork you performed:			
Reason for Leaving:  Employer Name #3: _ ob Title: Address:	vork you performed: City:	State: Phone:		
Describe in detail the wall th	vork you performed: City:	State: Phone: Rate of Pay:		

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Reason for Leaving:				
Please include explanation	of any gaps in employment:			
Summarize job related skil	ls and qualifications/certificates	:		
Typing (WPM) C	omputer Programs:			
Office Equipment:				
	or abilities that you feel may be			
Must submit a copy of Mi	n the United States Armed I ilitary Status if you claim serv E ertificate of Degree of Indian I	ing in the U.S. Arm	s Forces.	
Three References is req List two work-related ref	uired. erences and one personal refe	rence (EXCLUDIN	G Relatives)	
First and Last Name #1:				
Relationship:	Phone:	Date K	nown:	
Address:	City:	State:	ZIP:	
First and Last Name #2:				
Relationship:	Phone:	Date K	nown:	
Address:	City:	State:	ZIP:	
Attachments:				

- Certificate of highest degree obtained
- Completed Course Transcripts but only if you did not graduate from a degree program
- Training Certificates
- Cover letter
- Resume
- Other Documents, (e.g., copy of tribal enrollment, copy of veteran/military status)

#### **Pre-Employment Statement Substance Testing Permission Form**

I freely and voluntarily give my permission to submit to urinalysis and or other screening or tests as shall be determined by NATIVE, INC. under its administration of applicable regulations of the U.S. Department of Transportation (DOT) including 49 CFR Parts 40 and 382, NATIVE, INC. 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:

- Amphetamines
- Methamphetamine
- MDMA (Ecstasy)
- Cannabinoids
- Cocaine
- Phencyclidine (PCP)

- Opiates
- 6-Acetyl Morphine (Heroin)
- Codeine
- Morphine
- Alcohol

I also understand and acknowledge that I may be subject to non-DOT screening and testing under NATIVE, INC. Policy as set forth in the policy.

I further agree to and hereby authorize the release of the results of said tests to NATIVE, INC. and to NATIVE, INC.'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 NATIVE, INC. 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 pre-employment screening and testing activities are conducted in compliance with the ADA requirements applicable to NATIVE, INC. if any.

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 the form is a voluntary act on my part and that I have not been coerced into signing this document by anyon
Applicant Signature:

#### **Pre-Employment Statement**

#### I understand and agree that:

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 NATIVE, INC. employment.

I understand that any offer of employment I may receive from NATIVE, INC. is contingent upon successful completion of the college's total pre-employment screening process, including NATIVE, INC. receiving references that it considers satisfactory.

If NATIVE, INC. 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.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of NATIVE, INC. and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either NATIVE, INC. or myself. I further understand that no manager or representative of NATIVE, INC., other than the President has any authority to enter into an agreement with me for employment for any specified period 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.

Applicant Signature:	

**Important Note:** Please submit completed form. Any areas left blank or proficiently unanswered or required documentation not submitted by the due date will prohibit this application from being processed.

#### TO APPLY:

- 1. Go to NATIVE, Inc. website: <a href="https://www.ndnadc.org/jobs">https://www.ndnadc.org/jobs</a> and download and complete the employment application or stop by and pick up an employment application at the NATIVE, Inc. in your area.
- 2. Submit completed employment application, a copy of resume, copy of transcripts (if in current degree program) or a copy of highest degree and certifications obtained, and a copy of tribal enrollment (if Indian preference is claimed), military if applicable.

#### **TO SUBMIT:**

- 1. Mail to: NATIVE, Inc c/o Human Resources: 2403 E. Thayer Ave Bismarck ND 58501
- 2. Scan/Email to Human Resources Representative: HR@ndnadc.org

This job description's sole purpose is to define the general nature and level of work being performed by the person hired for this position and are not intended to be an exhaustive list of all duties, responsibilities, and skills required. All NATIVE, INC. staff are employees at will; therefore, NATIVE, INC. and each staff member are free to terminate that employment at any time and at either party's discretion, with or without cause. Management reserves the right to modify, add, or remove duties and to assign other duties as necessary. In addition, reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this position.

### **Equal Employment Opportunity**

NATIVE, INC. does not discriminate on the basis of race, color, national origin, sex, genetics, religion, age or disability in employment or the provisions of services and complies with the provisions of the North Dakota Human Rights Act.

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## **Office Use Only:**

Did this applicant submit all required documents by closing date: Yes No
Date Received (application with required documents):
Does the applicant meet minimum qualifications: Yes No
Does the applicant meet the minimum experience requirements: Yes No
Does the applicant have a valid driver's license and meet the [City of Fargo's] Driver Record Evaluation (DRE) requisite: Yes No
Does the applicant pass the skills assessment: Yes No
Does the applicant pass the criminal background check: Yes No
Does this applicant move to an interview: Yes No
Date of Interview (if applicable):/
Comments: