



Desired Position: _____

Date Available to Work: _____

Application must be completed in its entirety for consideration. Resumes will only be accepted with a completed application.

Applicant Information

Last Name				First Name				MI	Suffix	Maiden or Other Name(s)		
Address						City			State		Zip	
Phone 1	Cell	Home	Work	Phone 2	Cell	Home	Work	Email		Personal	Work	
Are you legally eligible for employment in the U.S.? Yes No												
Have you ever been employed by WETCC? Yes No				If Yes, dates of employment: _____ to _____ Reason for leaving: _____								
Are you related to anyone currently employed by WETCC? Yes No				If Yes, name(s): _____ Relationship: _____								
If the job requires, are you able to travel? Yes No				If No, reason: _____								
I am eligible for and wish to claim the following preference(s)*: <i>*Proper documentation must be provided.</i>								Indian Preference		Veterans' Preference		
How did you learn about this employment opportunity at WETCC? (Check all that apply.)												
Newspaper			WETCC Website			Other Website			Social Media			
WETCC Employee			Friend/Family			Social Media			Walk-in			
Job Bulletin/Posting			Other:									

Education

School Name	Address	Diploma, Certificate, or Degree Earned	Major/Minor

Credentials

Please specify credentials, licenses, or professional affiliations, etc., which are relevant to the position for which you are applying.

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Skills

Please list technical, clerical, trade, or other skills relevant to the position for which you are applying. Include relevant computer systems, software, and applications with which you have a working knowledge and note your level of proficiency, i.e. basic, intermediate, expert.

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Work Experience

Please detail your work history as related to the position for which you are applying, beginning with your current or most recent employer. Attach addition sheets if necessary, but DO NOT use notation, "See Resume."

Name & Address of Employer	Title		Start Date	End Date
	Hours per Week	Starting Wage/ Salary	Final Wage/ Salary	
	Duties		Reason for Leaving	
Supervisor's Name				
Title				
Phone	Contact this employer	At any time	Only if I am a finalist candidate	

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	Hours per Week	Starting Wage/ Salary		Final Wage/ Salary
	Duties		Reason for Leaving	
Supervisor's Name				
Title				
Phone	Contact this employer	At any time	Only if I am a finalist candidate	

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete this form, or misrepresentation or omission of facts, represents ground for elimination from consideration for employment, or termination after employment if discovered at a later date.

I authorize White Earth Tribal & Community College (WETCC) to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.

I agree to submit to a criminal background investigation, and/or screening for illegal substances upon conditional offer of employment.

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of WETCC serve at-will and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States.

I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first three (3) months of regular employment represent a probationary period, during which I would not be eligible for benefits, to apply for transfer, or promotion, and during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____



White Earth Compliance Division
Compliance Adjudication Department
P.O. Box 395
Mahnomen, MN 56557
Phone: (218)935-2148
Fax: 218-935-5087

**** PLEASE PRINT CLEARLY****

The following named individual has an application with this agency for a Criminal Background Check.

First Name of Applicant (please print): _____

Middle (full) (please print): _____

Last Name of Applicant (please print): _____

Maiden, Alias or Former (please print): _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____/_____/_____ Sex (please circle): **MALE** **FEMALE**

Home Address: _____ City: _____ Zip: _____

Driver's License #: _____ State Issued: _____ Exp. Date: _____

I authorize the White Earth Compliance Adjudication Department to perform a background check as required by Federal/State or Tribal Ordinance for the purpose of employment.

By submitting this form, I hereby authorize the White Earth Compliance Adjudication Department to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Compliance Adjudication Department from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature or electronic signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Office Use Only:

DEPARTMENT: _____ BILL TO: _____

POSITION: _____ ACTION: _____

REPORTS REQUESTED: STATE MVR Please list the STATE(S) you are requesting to be ran: _____

DATE REQUESTED: _____ AUTHORIZING SIGNATURE: _____

DATE SCANNED TO COMPLIANCE: _____ (PLEASE CIRCLE) SAFETY SENSITIVE NON SAFETY