



## JUDICIAL BRANCH



### CROW TRIBAL COURT APPLICATION FOR EMPLOYMENT

P.O. Box 489  
Crow Agency, MT 59022  
406-638-7400

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!**

Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Number Street City State Zip Code

Any Previous Name Used: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_\_

Are you currently authorized to work in the United States: ☐ YES ☐ NO Provide Proof of Eligibility

Position Applied For: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

How many hours can you work weekly: \_\_\_\_\_

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ TEMPORARY/CONTRACT

Date available to start: \_\_\_\_\_

### EDUCATION

Type of School	Name of School	Location	Numbers of Years Completed	Major & Degree
High School				
College				
Business Or Trade School				
Professional School				

Have you ever been convicted of a crime: ☐ YES ☐ NO (A conviction record will not necessarily disqualify you from employment.)

CROW JUDICIAL BRANCH MAY REQUIRE OR DEMAND, AS CONDITION OF EMPLOYMENT, OR PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL DRUG TESTING AND BACKGROUND CHECKS AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?                      \_\_\_ YES \_\_\_ NO

ARE YOU NOW A MEMBER IN THE ARMED FORCES:                      \_\_\_ YES \_\_\_ NO

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience for the beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer: Address:  City: State: Zip Code: Phone Number:	Name of last Supervisor	Employment Dates	Salary
		From:	Start:
		To:	Final
Your last Job Title:			
Reason For Leaving (Specific)			
Name of Employer: Address:  City: State: Zip Code: Phone Number:	Name of last Supervisor	Employment Dates	Salary
		From:	Start:
		To:	Final
Your last Job Title:			
Reason For Leaving (Specific)			
Name of Employer: Address:  City: State: Zip Code: Phone Number:	Name of last Supervisor	Employment Dates	Salary
		From:	Start:
		To:	Final
Your last Job Title:			
Reason For Leaving (Specific)			
Name of Employer:	Name of last Supervisor	Employment Dates	Salary

Address:  City: State: Zip Code: Phone Number:	Supervisor	Dates	
		From:	Start:
		To:	Final
Your last Job Title:			
Reason For Leaving (Specific)			

May we contact your present Employer? YES\_\_\_ NO \_\_\_

Did you complete this application yourself? YES\_\_\_ NO\_\_\_ If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY**

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. According, either I or the employer can terminate that relationship at will, with or without cause, at any time, so long as there is no violation of applicable with the Crow Tribal Court Policy and Procedures.

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date