



The Legislative Branch of the Crow Tribal Government

144 Makawasha Avenue - Crow Agency, MT - 59022

Phone 406.638.2023/2025 - www.ctlb.org

Application For Employment

Please Print Clearly

Name: _____	Position Applied For:
Address: _____	
City: _____ State: _____ Zip: _____	
Home Telephone: _____ Work Number: _____	
Driver's License Number: _____ State Issued: _____	
Date of Birth: _____ Social Security Number: _____	

Education or Training

High School Name: _____

Highest Grade Completed: _____ Date of Graduation: _____

College Name & Location:	Date Attended: _____
	Year Completed: _____
	Number of Credits: _____

Major Course of Study: _____

Year of Degree: _____ Type of Degree: _____

Other Schools/Training:	Name/Location/Dates/Subject/Certificates:

Special Qualifications or Skills

List Qualifications:	List Skills:
_____	_____
Typing WPM:	Shorthand WPM:
_____	_____

Personal References

Name/Occupation	Address	Phone Number

Work Experience

Please Print Clearly

Current Employer Name & Address:	Position Title: _____ Salary: _____ Start Date: _____ End Date: _____
Supervisor Name: _____	Phone Number: _____
Number of Employees Supervised:	Position of Those Supervised:
Describe Your Duties:	Reason for Leaving:
Previous Employer Name & Address:	Position Title: _____ Salary: _____ Start Date: _____ End Date: _____
Supervisor Name: _____	Phone Number: _____
Number of Employees Supervised:	Position of Those Supervised:
Describe Your Duties:	Reason for Leaving:
Previous Employer Name & Address:	Position Title: _____ Salary: _____ Start Date: _____ End Date: _____
Supervisor Name: _____	Phone Number: _____
Number of Employees Supervised:	Position of Those Supervised:
Describe Your Duties:	Reason for Leaving:

If Additional Space Is Needed Use A Blank Piece of Paper And Attach

All Applicants Are Subject To A Background Check.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____

DATE: _____