

Please Print Clearly

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

Position Applied For: Name: 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: Shorthand WPM: Typing WPM: **Personal References** Phone Number Name/Occupation Address

Work Experience

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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 Need	led 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.	

 $We\ Restrict\ This\ Personal\ Information\ To\ Only\ Those\ Individuals\ Who\ Are\ Involved\ or\ Provide\ Support\ For\ The\ Application\ Process.$

rev. 1/25/2021