

BLACKFEET EARLY CHILDHOOD CENTER

HEAD START PH: (406) 338-7370 . FAX: (406) 338-7030

EARLY HEAD START PH: (406) 338-3991 . FAX: (406) 338-7175

www.blackfetheadstart.org

APPLICANTS

If you're applying for more than one position please submit a separate application for each position. In the section that asks for what position you're applying for please write the job title.

IMPORTANT! The Blackfeet Early Childhood Center is not responsible for the individual application and the process.

ALL APPLICANTS APPLYING FOR BLACKFEET EARLY

CHILDHOOD CENTER POSITIONS

Please include the following documents when applying for any BECC position(s):

If applicant(s) has any of the forms listed below, or other documents that will assist you in the rating/evaluation of your job application please include them. If the documents are not included, it will result in an incomplete/disqualification of the application.

Copies of:

- Blackfeet Early Childhood Center Application
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- Blackfeet Early Childhood Center Background Check Form
- High School Diploma or GED/HiSet (if claiming education)
- College Degrees: Associate, Bachelor, Master etc. (If claiming education)
- Driver's License, Commercial Driver's License
- Social Security Card
- Child Development Associate (CDA)
- Resume
- Blackfeet Tribal Enrollment /Descendant Card
- Certificates

Please check your application for completeness and make any copies that you need before turning into the Blackfeet Early Childhood Center personnel office

In accordance with 45 CFR 1304.52 (b) (3); preference in filling program vacancies shall be given to qualified current and former Blackfeet Early Childhood Center staff and parents (volunteer hours/time)

EDUCATION (CONT'D)

IF YOU HAVE COMPLETED ANY OTHER COURSES OR TRAINING RELATING TO THE KIND OF JOB YOU ARE APPLYING FOR GIVE INFORMATION BELOW: (ATTACH ALL DOCUMENTATION)

TRAINING ATTENDED	MM/YY ATTENDED	CLASSROOM	SUBJECTS	TRAINING COMPLETED
NAME & LOCATION	FROM: TO:	HOURS		YES OR NO

NOTE: CREDIT WILL NOT BE GIVEN FOR HIGHER EDUCATION AND/OR OTHER SPECIALIZED TRAINING UNLESS DOCUMENTATION IS PROVIDED IN THE FORM OF A TRANSCRIPT, DIPLOMA, OR CERTIFICATE OF COMPLETION.

PART 4 SPECIAL QUALIFICATIONS & SKILLS

TYPING ABILITY: YES ___ NO ___ WPM ___ SHORTHAND OR SPEED WRITING: YES ___ NO ___ WPM ___

SUMMARIZE SPECIAL SKILLS, QUALIFICATIONS, ACCOMPLISHMENTS, AND AWARDS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES THAT MAY QUALIFY YOU FOR THIS POSITION:

LIST JOB RELATED LICENSES OR CERTIFICATES THAT YOU HAVE, i.e., REGISTERED NURSE, LAWYER, RADIO OPERATOR, DRIVER, PILOT, etc.:

LICENSE OR CERTIFICATE	EXPIRATION DATE	ISSUING AGENCY
1		
2		
3		

PART 5 PREFERENCES

Are you a veteran of the US Armed Forces? Yes ___ No ___
 Branch of Service: _____ From: _____ to _____
 Honorably discharged? Yes ___ No ___
 Service connected disability? Yes ___ No ___ Percentage _____

Are you an enrolled member of the Blackfeet Tribe? Yes ___ No ___
 Are you married to an enrolled member of the Blackfeet Tribe? Yes ___ No ___
 Are you a descendant of the Blackfeet Tribe? Yes ___ No ___
 Are you an enrolled member of a different Tribe? Yes ___ No ___ Tribe Name: _____
 Enrollment #: _____ Spouse Enrollment #: _____

If applying for a position at Head Start or Early Head Start

Have you volunteered at the Blackfeet Early Childhood Center? Yes ___ No ___
 Where: _____ Dates: _____

PART 6

WORK EXPERIENCE

DESCRIBE EACH JOB YOU HELD DURING THE LAST TEN (10) YEARS, BEGINNING WITH YOUR CURRENT OR MOST RECENT. INCLUDE ANY VOLUNTEER WORK AND MILITARY SERVICE. IF YOU NEED MORE SPACE USE EXTRA PAPER. EXPLAIN ANY GAPS IN EMPLOYMENT IN THE COMMENTS SECTION.

NAME AND ADDRESS OF EMPLOYER _____ _____ _____	DATES EMPLOYED (MONTH, DAY, YEAR) FROM ___/___/___ TO ___/___/___ NO. OF EMPLOYEES SUPERVISED _____ AVG. NO. OF HOURS PER WEEK _____ SALARY/EARNINGS \$ _____ PER _____
NAME OF IMMEDIATE SUPERVISOR: _____ PHONE#: _____	
TYPE OF BUSINESS OR ORGANIZATION: _____	
TITLE OF POSITION: _____	
REASON FOR LEAVING: _____	
MAY WE CONTACT FOR REFERENCE? _____ YES _____ NO _____ LATER	
DESCRIPTION OF DUTIES, RESPONSIBILITIES AND ACCOMPLISHMENTS: _____ _____ _____ _____ _____	

NAME AND ADDRESS OF EMPLOYER _____ _____ _____	DATES EMPLOYED (MONTH, DAY, YEAR) FROM ___/___/___ TO ___/___/___ NO. OF EMPLOYEES SUPERVISED _____ AVG. NO. OF HOURS PER WEEK _____ SALARY/EARNINGS \$ _____ PER _____
NAME OF IMMEDIATE SUPERVISOR: _____ PHONE#: _____	
TYPE OF BUSINESS OR ORGANIZATION: _____	
TITLE OF POSITION: _____	
REASON FOR LEAVING: _____	
MAY WE CONTACT FOR REFERENCE? _____ YES _____ NO _____ LATER	
DESCRIPTION OF DUTIES, RESPONSIBILITIES AND ACCOMPLISHMENTS: _____ _____ _____ _____ _____	

COMMENTS:

WORK EXPERIENCE (CONT'D)

NAME AND ADDRESS OF EMPLOYER _____ _____ _____	DATES EMPLOYED (MONTH, DAY, YEAR) FROM ___ / ___ / ___ TO ___ / ___ / ___ NO. OF EMPLOYEES SUPERVISED _____ AVG. NO. OF HOURS PER WEEK _____ SALARY/EARNINGS \$ _____ PER _____
NAME OF IMMEDIATE SUPERVISOR: _____ PHONE#: _____	
TYPE OF BUSINESS OR ORGANIZATION: _____	
TITLE OF POSITION: _____	
REASON FOR LEAVING: _____	
MAY WE CONTACT FOR REFERENCE? _____ YES _____ NO _____ LATER	
DESCRIPTION OF DUTIES, RESPONSIBILITIES AND ACCOMPLISHMENTS: _____ _____ _____ _____ _____	

NAME AND ADDRESS OF EMPLOYER _____ _____ _____	DATES EMPLOYED (MONTH, DAY, YEAR) FROM ___ / ___ / ___ TO ___ / ___ / ___ NO. OF EMPLOYEES SUPERVISED _____ AVG. NO. OF HOURS PER WEEK _____ SALARY/EARNINGS \$ _____ PER _____
NAME OF IMMEDIATE SUPERVISOR: _____ PHONE#: _____	
TYPE OF BUSINESS OR ORGANIZATION: _____	
TITLE OF POSITION: _____	
REASON FOR LEAVING: _____	
MAY WE CONTACT FOR REFERENCE? _____ YES _____ NO _____ LATER	
DESCRIPTION OF DUTIES, RESPONSIBILITIES AND ACCOMPLISHMENTS: _____ _____ _____ _____ _____	

COMMENTS:

PART 7 REFERENCES

LIST NAME AND TELEPHONE NUMBER OF THREE PEOPLE WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS SUPERVISORS. AT LEAST ONE SHOULD KNOW YOU WELL ON A PERSONAL BASIS.

NAME	TELEPHONE	YEARS KNOWN

PART 8 BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO (If yes please explain)

IF YES, HAVE YOU RECEIVED A PARDON OR A RESTORATION OF CIVIL RIGHTS?
(IF YES, PLEASE PROVIDE DOCUMENTATION.) YES NO

DO ANY OF YOUR RELATIVES CURRENTLY WORK FOR THE BLACKFEET TRIBE? YES NO
If YES, provide details below. If you need more space, attach an additional page. "Relative" is defined as any person related to the employee by blood, marriage or adoption in the following degrees: husband, wife, father, mother, child, sister, brother, grandparent, grandchild, mother-in-law, father-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, niece, nephew, aunt, uncle, first cousin or other legal dependent, regardless of residence, and any other family member who resides in the same household. (Personnel Policies and Procedures, 13-2-1)

NAME	RELATIONSHIP	PROGRAM

PART 9 SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION. READ THE FOLLOWING CAREFULLY BEFORE SIGNING.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information, if job related. I hereby, release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

All applicants tentatively selected for this position will be required to submit to a urinalysis and/or hair analysis testing to screen for illegal drug use prior to appointment.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

SIGNATURE	DATE
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**Blackfeet Personnel Department
Background Check Authorization**

P. O. BOX 1790 Browning, MT 59417
(406) 338-7307 ◊ FAX (406) 338-7313

PROGRAM/DEPARTMENT _____ POSITION _____

NAME: _____
(FIRST) (MIDDLE) (MAIDEN) (LAST)

ALIAS/ OTHER NAMES USED: _____

DATE OF BIRTH: _____
(MONTH) (DAY) (YEAR)

PHONE NUMBER () _____ - _____ Message/Cell () _____ - _____

SOCIAL SECURITY NUMBER: _____

LAST PLACE OF EMPLOYMENT: _____

SUPERVISOR'S NAME/ PHONE: _____

As part of the initial and subsequent application process, I hereby authorize any Tribal/ State/Federal Law Enforcement Agency to release any records they have regarding my background including a criminal history record check to the Blackfeet Personnel Department Browning, Montana. I understand that any information obtained from the background checks will be used by the Blackfeet Personnel Department to evaluate my application for employment/ subsequent annual application update for employment. I understand that I may be terminated from my position if the results of the investigation are contrary to the policies of the Blackfeet Tribe.

EMPLOYEE'S SIGNATURE _____
DATE

PARENTS SIGNATURE (If above individual is under 18 yrs. of age) _____
DATE

CERTIFIED FOR HIRE/ REHIRE? _____ YES _____ NO

BY: _____

DATE BACKGROUND CHECK WAS COMPLETED: _____

COMMENTS: _____
