



# Tribal Land Enterprise

A Sub-ordinate Organization of the  
**Rosebud Sioux Tribe**  
Incorporated Under Act of June 18, 1934, (48 Stat 984)  
2443 Legion Ave. P.O. Box 159  
Rosebud, S.D. 57570  
Telephone 605 747-2371  
Fax # 605 747-2400  
<http://rsttle.com>

Please Print or Type  
All Information Requested  
Except Signature

Date: \_\_\_\_\_

## Application for Employment

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Employment Desired:  Full Time  Part Time

Date Available for Work: \_\_\_\_\_

Tribal Land Enterprise is an equal opportunity employer. We adhere to a policy of make employment decisions without regard to race, color, religion, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Tribal Land Enterprise depends solely on your qualifications

**Application for Employment**

Are you an enrolled member of the Rosebud Sioux Tribe?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No  
(Please attach verification)

Are you an enrolled member of a federally recognized Tribe other than the Rosebud Sioux Tribe?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No  
(Please attach verification)

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Proof of citizenship or immigration status will be required upon employment.

Do you have an immediate family member working for Tribal Land Enterprise?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please indicate name, department and relationship:

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Do you have a valid South Dakota License?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No  
(Please attach verification)

Do you have reliable transportation?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Application for Employment**

Have you ever served in the United States Military Service?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

List dates and branch for all active military duty:

\_\_\_\_\_  
\_\_\_\_\_

Are you physically able to perform the duties for the position for which you are applying for?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Have you ever been convicted of a felony within the past ten (10) years? (for most jobs, a conviction of a felony will not automatically be grounds for disqualification).

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Education**

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Did you receive a high school diploma/G.E.D.? \_\_\_\_\_ Yes      \_\_\_\_\_ No  
(Please attach copy)

If yes, what month and year did you receive your diploma/G.E.D.? \_\_\_\_\_

**Application for Employment**

College/University: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Major Study: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Degree Received: \_\_\_\_\_

(Attach degree/transcripts)

College/University: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Major Study: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Degree Received: \_\_\_\_\_

(Attach degree/transcripts)

**Application for Employment**

**Specialized Skills and Qualifications**

Please summarize special job related skills and qualifications received through employment and other experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional, trade, business or civil activities in which you have participated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Please provide name, address and telephone numbers of three references, who are not related to you and are not previous employers:

**First Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Application for Employment**

**Second Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Third Reference**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

**Employment**

Have you ever been employed with the Tribal Land Enterprise before?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Are you currently employed?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, may we contact your present employer?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No