



APPLICATION FOR EMPLOYMENT CHECKLIST

Important note – This checklist is attached to assist you in the application process. The documentation listed below **MUST** be submitted when applying for employment with the Northern Cheyenne Tribal Housing Authority.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!!

1. Completed/signed NCTHA Employment Application _____
2. Current personal resume. _____
3. Tribal Enrollment ID or Certification _____
4. Drivers License copy, must be current and valid _____
(Does not apply to Temporary Employees & Summer Youth)
5. Signed Drug/Alcohol Screening consent form _____
6. Montana State Driving record(please see note below) _____
(Does not apply to Temporary Employees & Summer Youth)

**It is the applicant's responsibility to obtain their driving record. In this packet you will find instructions on how to request your Driving Record from the Montana DOJ Motor Vehicle Division. You can do this online if you have a valid credit/debit card to pay the \$7.25 fee. You can also complete the attached Release of Driving Records form (attached) and mail it along with a money order for \$4.00.

NORTHERN CHEYENNE TRIBAL HOUSING AUTHORITY

Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address					Apartment/Unit #		
City			State			ZIP	
Phone			E-mail Address				
Date Available			Social Security No.			Desired Salary	
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION

High School			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name			Relationship				
Company			Phone	()			
Address							
Full Name			Relationship				
Company			Phone	()			
Address							
Full Name			Relationship				
Company			Phone	()			
Address							

PREVIOUS EMPLOYMENT

Company					Phone	()	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	()	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	()	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

MILITARY SERVICE

Branch					From		To	
Rank at Discharge					Type of Discharge			
If other than honorable, explain								

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.			
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature		Date	



APPLICANT DRUG AND ALCOHOL SCREENING CONSENT FORM

I consent to the Northern Cheyenne Tribal Housing Authority's request for a urine sample for the purpose of determining the presence of drugs, alcohol and/or other controlled substances, and I authorize the selected laboratory, its physicians, technicians and laboratories to perform such test.

Further, I understand and authorize that the results of those tests may be given, by the Northern Cheyenne Tribal Housing Authority authorized and/or its agents, to a Medical Review Officer (MRO) and/or a Northern Cheyenne Tribal Housing Authority designee. Based on the results, Appropriate action as per the Northern Cheyenne Tribal Housing Authority's Substance Abuse Policy, will be taken.

Applicant Name (print): _____

Applicant Signature: _____

Social Security Number: _____

Date: _____



Driving Records



[Motor Vehicle Division](#)

Driving Records

How to Request a Driving Record

Note: If you request more than a few records, they may not be available on the same day you request them.

Online

For individuals:

- <https://doj.mt.gov/driving/driving-records/>
- Go to [Driver History Records Service](#) and click on the "Public User" button.
- To continue, you must accept the Intended Use Statement, certifying that you will use the information only for allowed purposes.
- You also need a valid credit card to pay the \$7.25 fee for each record requested.
- When you use the online service, the record is provided in an electronic format as soon as you complete the transaction, not through the mail. It can be printed or copied for your records.

By Mail

1. Complete a [Release of Driving Records](#) (Form 34-0100) for each record requested, providing the full name, date of birth and license number of the driver. This form must be either **notarized** or you must **attach a copy of your state or government issued photo identification, such as a driver license, identification card or passport**. This photo identification cannot have been expired for more than four years.
2. In addition to the form, be sure to enclose:
 - copies of the required identification (if the form is not notarized)
 - the \$4 fee for each record requested (U.S. funds only)
 - a stamped, self-addressed envelope(Alternately, if you would like the record sent via fax, enclose an additional \$3 for each record and do not send a self-addressed envelope.)
3. Mail the required information and fee to: Motor Vehicle Division, P.O. Box 201430, Helena, MT 59620-1430



Release of Driving Records

(Montana Driver Privacy Protection Act)

Print Form

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631

1. Requested Information: Are you requesting:

- A. Your Driving Record – Complete Sections 3, 4, 5, and 6.
- B. Another Person's Driving Record – Complete all sections.

Intended Use: To be completed if you checked "B" above.

- With written consent of the individual(s) who are the subject(s) of this search - A signed and dated Personal Information Express Consent form must be attached.
- For use by a federal, state or local government agency, including a law enforcement agency or any individual acting on behalf of the agency in carrying out its functions.
- For use in matters concerning driver safety or vehicle theft.
- For use in matters concerning motor vehicle emissions.
- For use by motor vehicle manufacturers for vehicle alterations, recalls or advisories.
- For use by motor vehicle manufacturers for performance monitoring of motor vehicles or dealers.
- For use in matters concerning removal of non-owners from motor vehicles manufacturers original owners records for a vehicle.
- For use by a business or its agents, employees or contractors in their normal course of business to verify that volunteered personal information is accurate.
- For use by a business or its agents, employees, or contractors in their normal course of business to verify the accuracy of personal information submitted by the individual to the business or it agents, employees, or contractors. If the submitted information is not correct or no longer correct, to obtain the correct information for the purposes of preventing fraud by pursuing legal remedies against or recovering on a debt or security interest against the individual.
- For use as part of a civil, criminal, administrative or arbitrate proceeding in any court or government agency or before any self-regulatory body, including the service of process, an investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, pursuant to an order of any court.
- For use to conduct research activities and produce statistical reports and journalistic articles as long as the personal information is not published, disclosed to a third party, or used to contact individuals.
- For use by an insurer, insurance support agency or self-insured entity in connection with the investigation of claims, antifraud activities, ratemaking or underwriting.
- For use in providing notice to the owners of towed, abandoned, or impounded vehicles.
- For use by a licensed private investigator or security service for any purpose authorized under Montana law.
- For use by an employer or its agent to verify information related to a holder of a commercial driver's license required under federal or Montana law.
- For any other use that is specifically related to the operation of a motor vehicle or to public safety and is authorized under Montana law.
- For use by a parent of a child under 18 year of age.

2. Requestor Information:

Name of Requestor: _____

Employer/Company: _____
(if applicable)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Residential Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Driver's License #: _____

3. Search Information: This section must be complete.

Full Name: _____

Date of Birth: _____

Driver's License #: _____

4. Driving Records Fees:

Make checks payable to Motor Vehicle Division

- Driving Record = \$4.00 per record
- Certified Driving Record = \$10.00 per record * Cannot Be Faxed *
- Faxing of Record = Additional \$3.00 per record
Fax #: _____
- Mailing of Record = Additional \$ 3.00 per mailing
(unless self-addressed, stamped envelope is included.)

Total = \$ _____

Section 6 notarization must be completed – OR – you must attach a legible copy of your state or government-issued photo ID, including driver's license, identification card or passport, none of which can be expired for more than four years.

5. Certification: (Signature must be notarized unless a copy of requestor's Driver's License or State Issued Identification Card is enclosed.)

I have read the "Montana Driver Privacy Protection Act" MCA 61-11-501 through 61-11-516, and understand the limitations placed on the use of information received from the Montana Department of Justice, Motor Vehicle Division, Records and Driver Control Bureau. I certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities) that the statements made and information contained on this request are true and correct to the best of my knowledge, information and belief, and if I am signing for a commercial entity, I further certify that I have full authority to do so.

Signature of requestor: _____

Printed Name: _____ Date: _____

6. Notarization: (unless ID is provided)

Subscribed and sworn before me this _____ day of _____, 20____.

Signature: _____

Print or Type Name: _____

Notary Public for the State of: _____

Residing at: _____

My commission expires: _____

(seal)