

IMPORTANT INFORMATION

TO: APPLICANTS FOR SIYEH CORPORATION POSITIONS

When applying for Siyeh positions, be sure that you include the following information in your application materials:

1. Application

(MAKE SURE YOU SIGN)

2. Submit only one (1) application and list EACH position you are applying for

(Failure to list the job position(s) on an application will cause your application to be marked as "Incomplete" and you will not be considered for the position for which you are applying)

3. Three (3) Letters of Reference

(Failure to include the above materials or if the materials are incomplete will cause your application to be marked as "Incomplete" and you will not be considered for the position for which you are applying. **Letters of Reference need to be dated within the last year.**)

4. Copies of Transcripts, Diploma, etc.

(Failure to include these documents may cause a low rating on your application)

5. Two Forms of Identification with a Social Security Card.

(These need to be current.)

After applicants are rated, the top three (3) will be notified of their interviews if applicable.

APPLICATION FOR EMPLOYMENT

SIYEH CORPORATION

| | |
|---|---------------------------------|
| PART I GENERAL INFORMATION | |
| Name (Last, First, Middle, Maiden) | Address (Box, City, State, Zip) |
| Primary Phone | Message Phone |
| Social Security Number | Date of Birth |
| Position for which you are applying: | |
| Position for which you are applying is located at: | |
| Glacier Peaks Casino ____ Siyeh Corporation ____ Blackfeet Heritage Center ____ | |
| StarLink Cable ____ OKI ____ | |
| Have you ever worked for Siyeh Corporation before? ____ Yes ____ No If Yes, identify location, position and dates of employment. | |

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| PART II AVAILABILITY | |
| When are you available for work? | What is the lowest pay you will accept? |
| Month, Day, Year | Pay \$ ____ per ____ |
| Check times you are available to work: | |
| Day ____ Evening ____ Graveyard ____ Weekend ____ | |

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| Part III EDUCATION |
| Are you a high school graduate or have you completed your GED (High School Equivalency) |
| ____ Yes ____ No |
| If not, what is the highest grade you completed? |

| | | | | | |
|---|--------------------------------|-----------------|-----------------------|-------------------|-------------------------|
| Have you ever attended college or graduate school? ____ Yes ____ No | | | | | |
| If yes, fill out the form below and attach all documentation. (use an additional sheet of paper if necessary) | | | | | |
| College/University | Month/Year Attended From To | Credit Hours | Major course of study | Type of degree | Month/Year of degree |
| | | | | | |
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| Part III | EDUCATION (Continued) |
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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 Name and Location | Month/Year Attended | | Classroom Hours | Subjects | Training Completed | |
|--|------------------------|----|-----------------|----------|--------------------|----|
| | From | To | | | Yes | No |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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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.

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| Part IV | SPECIAL QUALIFICATIONS & SKILLS |
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| Typing Ability | Shorthand or speed writing |
| Yes _____ No _____ WPM _____ | Yes _____ No _____ WPM _____ |

Summarize special skills. Qualifications, accomplishments, and awards acquired from employment or other experiences that may qualify you for this position.

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List job-related licenses or certificates that you have, such as registered nurse, lawyer, radio operator, drivers, pilots, etc.

| | License or Certificate | Expiration Date | Issuing Agency |
|---|------------------------|-----------------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

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|---------------|---------------------------|
| Part V | INDIAN PREFERENCES |
|---------------|---------------------------|

| | | | |
|---|-----------|----------|---------------------|
| Are you an enrolled member of the Blackfeet Tribe? | Yes _____ | No _____ | Enrollment |
| Are you a descendant of the Blackfeet Tribe? | Yes _____ | No _____ | Number _____ |
| Are you married to an enrolled member of the Blackfeet Tribe? | Yes _____ | No _____ | Spouse's Enrollment |
| Are you an enrolled member of any other tribe? | Yes _____ | No _____ | Number _____ |
| If yes, what tribe? | _____ | | |
| Are you a veteran? | Yes _____ | No _____ | |

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| Part VI | WORK EXPERIENCE |
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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.

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|--|--|
| Name and address of Employer _____ _____ _____ _____ | Dates Employed (Month/Day/Year) From: _____ To: _____ No. of employees supervised _____ Avg. No. of Hours per week _____ Salary/ \$ _____ per _____ Earnings _____ Phone # _____ |
| Name of immediate Supervisor: _____ | |
| 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/ \$ _____ per _____ Earnings _____ Phone # _____ |
| Name of immediate Supervisor: _____ | |
| 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/ \$ _____ per _____ |
| Name of immediate Supervisor: | Earnings _____ |
| Type of business or organization: | Phone # _____ |
| Title of position: | |
| Reason for Leaving: | |
| May we contact for reference? Yes___ No___ Later___ | |
| Description of duties, responsibilities and accomplishments: | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
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| | |
|--|-----------------------------------|
| Name and address of Employer | Dates Employed (Month/Day/Year) |
| _____ | From: _____ To: _____ |
| _____ | No. of employees supervised _____ |
| _____ | Avg. No. of Hours per week _____ |
| _____ | Salary/ \$ _____ per _____ |
| Name of immediate Supervisor: | Earnings _____ |
| Type of business or organization: | Phone # _____ |
| Title of position: | |
| Reason for Leaving: | |
| May we contact for reference? Yes___ No___ Later___ | |
| Description of duties, responsibilities and accomplishments: | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

Comments: (Use an additional sheet of paper if necessary)

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| Part VII | 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 |
| 1 | | |
| 2 | | |
| 3 | | |

| | | |
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| Part VIII | BACKGROUND INFORMATION | |
| Have you ever been charged or convicted of a crime? | | Yes___ No___ |
| If Yes, please explain (use an additional sheet of paper if necessary) | | |
| | | |
| If yes, have you received a pardon or a restoration of civil rights? | | Yes___ No___ |
| (If yes, please provide documentation) | | |
| Do you have any relatives currently working for Siyeh Corporation? | | Yes___ No___ |
| If yes, provide details below. If you need more space, use a sheet of paper. "Relative" is defined as: spouse, father, mother, children, sister, brother, aunt, uncle, niece, nephew, and grandparent. Including in-laws of the same relationship, regardless of residence and any other family member who resides in the same household. | | |
| | Name | Relationship |
| | | Position |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

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| Part IX | SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION |
| YOU MUST SIGN THIS APPLICATION. READ 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, complete a background check, 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. | |
| <i>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> | |
| I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE AND MADE IN GOOD FAITH. | |

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|-----------|------|
| Signature | Date |
| | |