



Oglala Lakota Housing Authority

P.O. Box #603

Pine Ridge, South Dakota 57770

Office 1(605) 867-5161 / Fax 1(605)867-1095 / oslh.org



EMPLOYMENT APPLICATION INFORMATION

Please attach the following required documents:

- Copy of Valid South Dakota Driver's License
- Copy of High School or GED Diploma
- Copy of College Transcripts or Degree
- Copy of Certificate from Workshops or Trainings
- Copy of License (Journeyman/Apprentice Electrician or Plumber)
- Copy of Three Reference Letters less than one year old
- Copy of Tribal Enrollment (if claiming Indian Preference)
- Copy of Veterans Discharge DD214 (if claiming Veterans Preference)

Applicant selected are required to take the Drug and Alcohol test at their own expense. Drug and Alcohol test must be done within 24 hours – Three (3) business days of Notice of Selection.

A background investigation will be required for certain positions, at their own expense.

A selection letter will not be issued until Human Resources receives results from the Drug and Alcohol Tests and preliminary background checks.

Should a vacancy become available and your employment application is within a year old, it is the applicant's responsibility to contact the Oglala Lakota Housing Authority Human Resources Office if interested in applying for the position.

All employment applications are kept on file for a period of one (1) year.

If you need any assistance, please contact the Oglala Lakota Housing Authority Human Resources Office at (605) 867-5161.

OGLALA LAKOTA HOUSING AUTHORITY RESERVES THE RIGHT TO REJECT ANY AND ALL EMPLOYMENT APPLICATIONS NOT COMPLETE OR SUBMITTED BY THE CLOSING DATE.



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EMPLOYMENT APPLICATION

Date: _____ Position(s) for which you are applying for

1.) _____

2.) _____

3.) _____

Name: _____

Mailing Address: _____ City, State, Zip: _____

Telephone #: _____ Mobile Phone #: _____ E-Mail: _____

Social Security #: _____ Date of Birth: _____

Do you have a valid S.D. Driver's License? () Yes () No If yes, what class: A B C

If required, do you currently have a CDL? () Yes () No If yes, what class: A B C

Have you ever worked for OLHA? () Yes () No If yes, give dates: _____

Do you have immediate family member working for the OLHA? () Yes () No

If yes, please indicate relationship: _____

Will you accept less-than full time work? () Yes () No

Will you accept temporary work? () Yes () No

Can you work overtime/holidays? () Yes () No

When will you be available? _____

What rate of pay will you accept? \$ _____ per hour

If an offer of employment is made prior to your commencement of employment duties, you will be required to undergo an alcohol and/or drug test, the results of which may affect the offer of employment.

Are you willing to undergo such an examination? () Yes () No

A background investigation will be required for certain positions deemed sensitive based on federal statutes, tribal ordinances, governing policy and/or mandates by funding agency. In these positions, a contingent offer of employment will be made, if qualified. Continuous employment is contingent upon a favorable screening and/or favorable adjudication of the background investigation.

Are you willing to undergo such an examination? () Yes () No

Have you ever been convicted of any violations of Tribal, State or Federal Laws? () Yes () No

(Excluding juvenile adjudication)

(If yes, please explain the date, violation, disposition of the arrest or charge.) _____

(Such convictions may be relevant if job related, but does not necessarily bar you from employment)

May inquiry be made of your past or present employer regarding your character, qualifications and record of employment? () Yes () No

EMPLOYMENT HISTORY: MUST BE DETAILED AND ACCURATE TO AVOID DISQUALIFICATION

Complete present and past employment, beginning with most recent. Resumes may be submitted as additional information only.

1. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ Name of immediate supervisor: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

May we contact the employer? Yes No

2. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ Name of immediate supervisor: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

3. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ Name of immediate supervisor: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

4. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ Name of immediate supervisor: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

5. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ Name of immediate supervisor: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

EDUCATIONAL BACKGROUND:

Circle highest grade completed: 7 8 9 10 11 12 / 13 14 15 16 / 17 18 19 20

Specify _____

School	Name and Address of School	Graduated		Date Left	Major/Minor Courses Taken	Diploma/Degree
		Yes	No			
High School						
College						
Graduate Work						
Trade Or Business						

QUALIFICATIONS:

Describe any other education, training, apprenticeship, certificates or licenses acquired from employment or other experiences that are relevant to position applied for.

Do you have computer skills? Yes No List Computer programs with which you are familiar: _____

REFERENCES:

List personal references whom are **not** related to you.

NAME AND ADDRESS <i>(Include state & zip code)</i>	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

List any additional information you would like us to consider. _____

VETERANS PREFERENCE:

Have you ever served in the United States Military?.....Yes No

Honorable Discharge?Yes No

If yes, please attach a copy of your DD-214 demonstrating proof of eligibility.

INDIAN PREFERENCE:

Are you an Enrolled Member of a Federally Recognized Tribe?.....Yes No

If yes, please specify the name of your Tribe: _____

(Please attach a copy of your membership for verification purposes.)



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RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize the Oglala Lakota Housing Authority or its authorized representative(s), baring this release or copy thereof, to obtain any information in your files pertaining to my:

- ❖ Employment Records
- ❖ Education Records
- ❖ Criminal Records

I hereby direct you to release such information upon request of the Oglala Lakota Housing Authority. This release is executed with full knowledge and understanding that the information is for the Oglala Lakota Housing Authority official use.

CERTIFICATION

I certify, that; (1) all of the statements made is this application are true and complete and correct to the best of my knowledge and belief and are made in good faith; and (2) I understand that this application and subsequent employment, if any, are subject to verification of employment, education, and criminal history.

Signature/Authorization

Date

Print Name

Official Use Only:

Stamp Date Received:

_____ Complete

_____ Incomplete

February 2022