

SINTE GLESKA UNIVERSITY

Personnel Office
P.O. Box 105 / 101 Antelope Lake Circle Drive
Mission, South Dakota 57555-0105

Telephone: (605) 856-8100 Fax: (605) 856-5889 Chartered by the Rosebud Sioux Tribe ACCREDITED BY
THE NORTH CENTRAL ASSOCIATION
OF COLLEGES AND SCHOOLS

PERSONAL INFORMATION

DATE						
	ESS					
		SOCIAL SECURITY NUMBER				
	ION					
ARE YOU LEGAL	LY ELIGIBLE FOR EMPLOYMENT II	N THE U.S.A.?				
ARE YOU OF LE	GAL AGE TO WORK					
	LIED FOR					
	OUSLY EMPLOYED BY S.G.U.?					
	ATIONIS CONSIDERED FAVORABL					
EDUCATION						
SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	DATES OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED		
ELEMENTARY						
HIGH SCHOOL						
COLLEGE OR						
TRAINING						
Attach a copy of	your High School Diploma or GED C	ertificate and CollegeTra	anscripts	-		

LIST BELOW PRESENT AND PAST EMPLOYERS BEGINNING WITH YOUR MOST RECENT

Name & Address of Company & Type of Business	From Mo. / Yr.	To Mo. / Yr.	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor

Telephone:			1		<u></u>	T
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Telephone:						
I hereby give permission to contact	the employers	listed above co	ncerning my pri Signed	or work experie	ence.	
If there is a particular employer(s) y	ou do not wish	for us to contac	ct, please indica	te which one(s)	
PERSONAL REFERENCES (No	ot Former Empl	lovers or Relativ	(es)			
Name & Occupation	ot i offici Empi	Address	700)		Telephone	(Work) (Home)
MILITARY SERVICE RECORD Were you in the U.S. Armed Forces Did you receive any training in the U	? Yes					
I HEREBY CERTIFY THAT ALL ST BELIEF, AND I KNOW THAT ANY EMPLOYMENT.						
SIGNATURE					DATE:	

PLEASE USE THIS AREA TO PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL WOULD BE HELPFUL IN OUR SELECTION PROCESS; such as: your feeling about the ideal of Indian Controlled Colleges, how you wish to make improvements in your community or town through education or what do you feel you can contribute to Sinte Gleska University.



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CONSENT FOR CRIMINAL BACKGROUND CHECK

	, GIVE PERMISSION TO SINTE GLESKA UNIVERSITY TO DO A CRIMINAL HISTORY TION WITH MY APPLICATION FOR EMPLOYMENT WITH THE SAME.
SIGNED:	
PRINT NAME:	
DATE:	
WITNESS:	