



# General Position Announcement

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Tribal Enterprises & Agribusiness Corporations offer a variety of general positions at our locations that are filled as an immediate need when positions become vacant therefore we accept applications for these positions on a daily basis and these positions are not advertised.

All positions directly related to food handling will require a food handler's certification be accompanied with your application to be considered for these positions.

A free on-line certification can be obtained at [www.ihs.gov/foodhandler/](http://www.ihs.gov/foodhandler/)

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## Bannock Peak Truck Stop

- Cashier
- Housekeeping
- Deli Cook

## Trading Post Grocery Store

- Cashier
- Bakery
- Stock

## Blue Corner Store

- Cashier

## Donzia Gift Shop

- Sales Clerk

## TP Gas Station

- Cashier
- Housekeeping
- Deli Cashier
- Deli Cook

## Sage Hill Travel Center

- Cashier
- Housekeeping
- Café Cashier
- Café Cook

## Agri-Business

- Seasonal Laborers

# Shoshone-Bannock Tribal Enterprise & Agribusiness

## Employment Application

95 West Agency Road  
 P.O. Box 368 / Fort Hall, Idaho / 83203  
 Phone: (208) 223-7586 or 223-5975  
 Fax: (208) 235-2027

Applicant Name		Date
Address	City State Zip	Primary Telephone ( )
Position Desired		Message Telephone ( )
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Food Handlers Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, a copy of your Driver's License must be attached) State Issued: _____ DL #: _____ Expiration: _____		Date of Birth _____
Are you available to work: full-time part-time temporary seasonal Are you available to work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday		Pay Desired? \$ _____
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		When will you be available to begin work?
Enrolled in What tribe? _____ Enrollment # _____ <b>(A copy of your tribal enrollment card or certificate of Indian blood must be attached)</b>		Referred by?

School Degree or	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY:	Did you serve in the U.S. Armed Forces? _____	If yes, what branch? _____
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Other Qualifications: _____ _____ _____
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**EMPLOYMENT EXPERIENCE:** Please give accurate, complete full-time and part-time employment records. Include any job-related military service assignments and volunteer activities. Start with your present or most recent employer.

Company Name	Telephone (      )
Address	Employed – (Month and Year) From                      To
Name of Supervisor	Hourly Pay Start                      Last
Job Title and Description of Work _____ _____	Reason for Leaving

Company Name	Telephone (      )
Address	Employed – (Month and Year) From                      To
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Company Name	Telephone (      )
Address	Employed – (Month and Year) From                      To
Name of Supervisor	Hourly Pay Start                      Last
Job Title and Description of Work _____ _____	Reason for Leaving

Specialized Skills.	Production/Mobile Machinery:	Other (computer programs/software, etc):
<input type="checkbox"/> PC <input type="checkbox"/> Fax <input type="checkbox"/> Calculator <input type="checkbox"/> Typewriter <input type="checkbox"/> PBX System <input type="checkbox"/> Cash register	_____	_____

Have you been convicted of any misdemeanors within the past 10-years?     Yes     No    Felonies?     Yes     No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

References:

_____	_____	_____	_____
Name	Address	Phone	Occupation
_____	_____	_____	_____
Name	Address	Phone	Occupation
_____	_____	_____	_____
Name	Address	Phone	Occupation

**AUTHORIZATION TO RELEASE INFORMATION  
AND  
CERTIFICATION OF ACCURACY**

Please read and initial each paragraph below, if there is a part of this page you do not understand, please ask about it before signing.

I hereby authorize Shoshone-Bannock Tribal Enterprise & Agribusiness Corporations to thoroughly investigate my past and present work character, work records, references, education, medical records (including medical/lab-screenings results). I authorize the Shoshone-Bannock Tribal Enterprise & Agribusiness to investigate any police records to ascertain any and all information that may pertain to my employment (including records subject to the Privacy Act of 1974 {Public Law 92-5702}), and other matters related to my suitability for employment. I hereby release all persons, organizations, whomsoever to disclose to the Shoshone-Bannock Tribal Enterprise & Agribusiness any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Shoshone-Bannock Tribal Enterprise & Agribusiness, my current and former employers, and all other persons, corporation, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I further agree that a copy of this release shall function as an original.

I understand that if my background consists of any convictions or information associated with the Enterprises or Agribusiness Criminal History Policies, I may be excluded from employment with the Enterprises.

I understand that if offered employment, the offer will be contingent on my passing a pre-employment substance abuse screen and background check. I understand that failure to pass either will result in withdrawal of the employment and I will not be considered for employment with the Shoshone-Bannock Tribal Enterprise or Agribusiness Corporations.

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States within three (3) business days. If the employee has lost or misplaced documents they will be asked to provide a receipt of application for the document, the employee will then be given an additional 21 days to provide the original document.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand and agree that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that if I've recently resigned from employment with Tribal Enterprises or Agribusiness I am not eligible for re-employment for 90 days from my separation date and if I've been discharged I am not eligible for re-employment for 180 days from my separation date.

I fully understand that my application will only be active for six (6) months. After this time has exceeded my application will be destroyed; and I understand that if I want to be considered for job openings after that date, I must reapply at the Personnel Office by completing a new application. I also fully understand that this application must be entirely complete or I will not be considered for employment with the Shoshone-Bannock Tribal Enterprise or Agribusiness Corporations

**My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined within this document.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SHOSHONE-BANNOCK TRIBAL ENTERPRISES & AGRIBUSINESS  
PRE-EMPLOYMENT  
BACKGROUND INVESTIGATION AUTHORIZATION**

The Shoshone-Bannock Tribal Enterprises & Agribusiness Corporations require that a criminal investigation be conducted for applicants who qualify to fill certain positions within the organization. An investigation will be conducted of all information listed on this form. Certain positions may also require that applicants provide their fingerprints to the Fort Hall Police Department. If any of the following needs further explanation, please use a separate sheet of paper.

<b>Name:</b> _____			
First	Middle	Last	Maiden
<b>Other Names Used:</b> _____		<b>Telephone:</b> _____	
Aliases, other last names used, etc.			
<b>Address:</b> _____			
Street & Number/PO Box	City	State	Zip
<b>DOB:</b> _____	<b>Place of Birth:</b> _____		_____
	City	State	
<b>SSN:</b> _____	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b> _____	
<b>Driver's License #:</b> _____	<b>Current:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>State Issued:</b> _____	<b>Expiration Date:</b> _____
<b>Other States you have held a Driver's License:</b>			
_____	_____	_____	_____
Date	City	State	
_____	_____	_____	_____
Date	City	State	
<b>Previous Residences: (go back 15 years)</b>			
_____	_____	_____	_____
to			
Date	Date	Address	City State
_____	_____	_____	_____
to			
Date	Date	Address	City State
_____	_____	_____	_____
to			
Date	Date	Address	City State
<b>List any times you were arrested or charged with any violation, including Traffic, but exclude Parking:</b>			
_____	_____	_____	_____
Date	Place	Charge	Results
_____	_____	_____	_____
Date	Place	Charge	Results
_____	_____	_____	_____
Date	Place	Charge	Results

Are you aware of any information about yourself, which might tend to reflect unfavorably on your reputation, morals, character or ability as a perspective?  Yes  No If yes, please explain.

Authorization is hereby given to the Shoshone-Bannock Tribal Enterprises & Agribusiness Corporations to request any information and/or to conduct a background check. I hereby certify that the facts set forth herein are true and correct to the best of my knowledge. I understand that if I falsify statements contained herein I may not be considered for employment.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_