



## FEDERAL WORK STUDY APPLICATION FOR 2021-2022

### CHECKLIST:

- AANIIH NAKODA COLLEGE APPLICATION
- CURRENT DRIVER'S LICENSE OR TRIBAL IDENTIFICATION CARD
- SOCIAL SECURITY CARD
- ANC BUSINESS FORM: W-4 & I-9

**\*\*PLEASE SEE THE ANC JOB DESCRIPTION IN THE DEPARTMENT  
YOU ARE APPLYING\*\***



# AANIIH NAKODA COLLEGE

## APPLICATION FOR EMPLOYMENT

Aaniiih Nakoda College (ANC) is an equal opportunity employer and does not discriminate on the basis of race, religion, color, National origin, age, sex, gender, disability or any other characteristic protected by law.

### INTRODUCTORY INFORMATION:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

### APPLICANT QUESTIONS:

TYPE OF WORK DESIRED: \_\_\_\_\_ (FWS Salary \$12.00 per hour)

If hired, can you provide documentation to establish eligibility to work in the U.S.?  Yes  No

Are you 16 years of age or older?  Yes  No

How were you referred to Aaniiih Nakoda College? \_\_\_\_\_

Have you ever been convicted, pled guilty or no contest to a crime other than a minor traffic violation?  Yes  No

If yes, please explain in detail on a swparate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment although false or misleading information will. Factors such as age and time of offense, seriousness and nature of violation, and rehabilitation will be taken into account.

### EDUCATION:

Name of High School or GED: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

College or Technical School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

Name of Other Schooling/ Training: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree/ Diploma: \_\_\_\_\_

**MILITARY EXPERIENCE:**

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Rank/Type of Service: \_\_\_\_\_

Special Training/ Experience: \_\_\_\_\_

**RECORD OF EMPLOYMENT:**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**REFERENCES: (Please do not list relatives)**

Name	Occupation	Years known	Phone and/or address
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that employment with Aaniiih Nakoda College (ANC) is at-will, meaning that I or ANC may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize ANC to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews is true and correct. I hereby release ANC and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that ANC requires the successful completion of a drug and/or alcohol test as a condition of employment.

**I understand this application will be active for the semester in which I have applied; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

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

**Date Signed:** \_\_\_\_\_