



Flathead Indian Reservation Housing Needs Assessment



SURVEY FIELD STAFF POSITION APPLICATION

PERSONAL BACKGROUND

Name:

Last

First

Middle

Date of Birth: _____

Permanent Mailing Address:

Number and Street or PO Box

City

State

Zip Code

Home Phone: _____ Work Phone: _____ Message/Cell Phone: _____

Email Address: _____

ARE YOU ENROLLED IN THE CONFEDERATED SALISH & KOOTENAI TRIBES?: Yes ___ No ___

IF YOU ARE NOT ENROLLED IN THE CS&K TRIBES: Are you enrolled in another tribe? YES ___ NO ___

ARE YOU ABLE TO FOLLOW CDC AND LOCAL COVID GUIDELINES: Yes ___ No ___

DO YOU HAVE A VALID DRIVER'S LICENSE: Yes ___ No ___

DO YOU OWN OR HAVE ACCESS TO A RELIABLE VEHICLE: Yes ___ No ___

DO YOU HAVE CAR INSURANCE: Yes ___ No ___

CAN YOU COMMIT 30-40 HOURS PER WEEK TO CONDUCT THE SURVEY: Yes ___ No ___

ARE YOU FAMILIAR WITH THE RESERVATION COMMUNITIES: Yes ___ No ___

ARE YOU CAPABLE OF WALKING OVER UNEVEN GROUND: Yes ___ No ___

ARE YOU COMFORTABLE TALKING WITH PEOPLE IN THEIR HOMES: Yes ___ No ___

ARE YOU COMFORTABLE USING A TABLET DEVICE OR SMART PHONE Yes ___ No ___

EMPLOYMENT BACKGROUND

Current Employer

Address and Telephone Number

Name & Title of Supervisor: _____

Position Title: _____ Dates of Employment: _____

Duties: _____

LIST YOUR KNOWLEDGE, SKILLS, AND ABILITIES THAT YOU FEEL WOULD QUALIFY YOU FOR THE POSITION YOU ARE APPLYING FOR:

Knowledge, Skills and Abilities

How Obtained and How Long Practiced

LIST TWO REFERENCES WHO ARE NOT RELATIVES, PLEASE NAME PEOPLE WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS, WORK HABITS, CHARACTER, AND RELIABILITY.

Name of Reference

Position

Address and Telephone Number

I certify that this application contains full, complete and accurate information. I understand the Salish and Kootenai Housing Authority complies with the Confederated Salish and Kootenai Tribes Indian Preference Ordinance.

Signature of Applicant

Date Signed

Please submit signed applications to:

CSKT.HOUSINGNEEDSSURVEY@GMAIL.COM