



# **TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS**

4180 HWY 281  
P.O. BOX 900  
BELCOURT, ND 58316

(701) 477-2600  
Fax: (701) 477-5685  
Website: [www.tmbci.org](http://www.tmbci.org)

## **Job Announcement**

<b>Position:</b>	Tribal Prosecutor – (2 Positions)		
<b>Status:</b>	Regular Full-Time		
<b>Location:</b>	Prosecutor Office		
<b>Supervisor:</b>	Tribal Attorney and Tribal Chairman		
<b>Salary:</b>	\$30.00 - \$36.00		
<b>Opening Date:</b>	August 26, 2017	<b>Closing Date:</b>	September 1, 2017

### **Minimum Qualifications:**

- A Bachelor's degree in Criminal Justice, law or related field.
- Experience in the practice of law which included court experience preferred.
- Effective oral, written, and interpersonal communication skills
- Analytical and decision-making ability.
- Must be able to understand tribal law, tribal jurisdiction, and federal laws applicable to Indian Tribes.
- Must be able to work with all levels of law enforcement, FBI, BCI, County, and BIA law enforcement.
- Independent thinking, as well as a demonstrated ability to quickly synthesize complex information.
- Understanding the ethical qualifications associated with the practice of law before a court.
- Understanding of the ethical responsibilities of a prosecutor and conflicts of interests.
- Must possess a valid Driver's license.
- Proof of Vehicle Insurance in applicant's name. (if applicable)
- Must be able to pass a drug test.
- Must pass a tribal, state, and federal background check.
- If licensed must produce a statement of good standing with his or her bar.

### **Responsibilities and Duties.**

- Present information in Court to prosecute civil and criminal actions.

- Advise Law Enforcement officers, prepare and present warrant applications, and conduct probable cause hearings.
- This individual will also conduct legal research and prepare legal correspondence, pleadings, briefs, and opinions.
- Must be able to communicate well orally.
- Will schedule time to properly prepare cases, trials, motion hearings, and other court proceedings.
- Will develop an electronic record keeping system for the accurate maintenance of case records and paper files.
- Will maintain the confidentiality of victims and law enforcement information as required by law.
- Will work closely with other departments and agencies to coordinate activities and procedures for presenting cases and improving function of legal processes.
- Recommend draft code and procedure rules.
- May supervise other prosecutors.

**How to apply: (Submit completed application to):**

Personnel Department  
 Turtle Mountain Band of Chippewa  
 P.O. Box 900  
 Belcourt, ND 58316

Also submit copy of transcript of degree attained and training certificates, background check, Indian Preference, etc. (if applied). Points in screening will be given only for documentation attached.

For more information contact Brittany Poitra at (701) 477-2615 or email [brittany.poitra@tmbci.org](mailto:brittany.poitra@tmbci.org)

**Indian Preference Statement**

Candidates for employment or career advances shall be hired, trained, and promoted without regard to race, color, religion, sex, national origin, age or personal, political or religious beliefs. However, preference shall be given in hiring in the following order between equally qualified candidates who are:

1. Enrolled Member Veteran (10 points to be given to enrolled member veterans in screening process as follow: (see definitions)
2. Enrolled member
3. Other Tribal Member veterans
4. Other Tribal Members

**Veteran Preference**

Veterans and eligible spouses of deceased will receive special consideration for initial appointments for all positions being filled by the TMBCI. The intent of this policy is to promote and bring deserved services and benefits to our veterans for the personal sacrifices they have made. To be considered for a preferential treatment under this policy, candidate(s) must submit copies of verification documents to Personnel Office along with the employment application for eligibility determination purposes. An acceptable verification document is the discharge of transfer report form DD214.

**Disqualification of Application**

Applicants who provide false information on their applications will be disqualified from consideration.

## HOW TO APPLY

### PLEASE FOLLOW THESE DIRECTIONS.

Please submit all copies of degrees attained, including high school diploma, GED Certificates, training certificates and proof of Indian Preference (copy of Indian ID) if it Applies. You will be ranked only if you have a complete application. If you do not submit copies of any information requested, you are subject to an incomplete application and will not be scored. Applicants who provide false information on their applications will be disqualified from consideration.

### Application Checklist

- Application
- Copy of College Transcript
- Indian Preference (if applicable)
- Veterans Preference (if applicable) – Form DD214
- Copies of any Certificates (Training)
- Proof of Current Insurance in applicant's name (if applicable)
- Proof of Current Driver's License.

**REMEMBER – you will not be scored on an incomplete application. If the job Description asks for it; include it in your application packet. You can't be scored on What isn't included.**

If you have any questions regarding the Application Process, feel free to call the

Human Resource – Brittany Poitra 701- 477-2615.

Also, you can visit [www.tmbci.org](http://www.tmbci.org) to get a copy of the Job Application Packet.

TURTLE MOUNTAIN BAND OF CHIPPEWA

APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Name (Last, First, Middle): \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Indian Preference: Y N  
Gender: M F Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

EDUCATIONAL BACKGROUND

High School: \_\_\_\_\_ Address: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
College: \_\_\_\_\_ Address: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_  
College: \_\_\_\_\_ Address: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_  
College: \_\_\_\_\_ Address: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

\* Please Provide Copies of Degrees, Certificates and/or License

Qualifications (list all skills and qualifications that you possess which you would considered for this position):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES

\* Please Provide Names of three (3) Individuals Not Related to You  
Full Name of Reference \_\_\_\_\_ Phone Number \_\_\_\_\_ Present Address \_\_\_\_\_  
1: \_\_\_\_\_  
2: \_\_\_\_\_  
3: \_\_\_\_\_

### Employment History

\* Please List Your Last Three (3) Employers, Beginning with the Most Recent

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hourly Rate Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly Rate Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hourly Rate Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* I authorize investigation of all statements contained in this application. - I understand that providing false information is grounds for non-employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Turtle Mountain Band of Chippewa Indians

## AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

**I Authorize** any tribal investigator, special agent, or other duly accredited representative of any authorized Bureau of Indian Affairs Office of Justice Services or other Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

**I Further Authorize** any tribal investigator, special agent of the Bureau of Indian Affairs Office of Justice Services, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the Turtle Mountain Band of Chippewa Indians, investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Turtle Mountain Band of Chippewa, the Bureau of Indian Affairs Office of Justice Services, or any Federal Government Agency only for the purposes provided in herein, and that it may be disclosed by the Tribe or Federal Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Turtle Mountain Band of Chippewa Indians, whichever is sooner.

**Print Name:** \_\_\_\_\_  
(First) (Middle) (Last)

**Former Name(s) and Dates Used:** \_\_\_\_\_

**Current Address Since:** \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

**Previous Address From:** \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

**Previous Address From:** \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_