

## Employment Application

### Personal Information

Legal Name: \_\_\_\_\_ Social Sec No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Any additional information relative to change of name, use of assumed name, or names necessary to enable us to check on your work and educational record? If yes, please explain:

Mailing Address: \_\_\_\_\_  
Street Number/PO Box City State ZIP

Do you have any disabilities that would limit the type of work to be performed? If so, please specify:

In Case of Emergency who should we notify?

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

### Employment Desired

Are you looking for: Full Time Part Time If Part Time, please note the days and hours you are available: \_\_\_\_\_

Position Sought: \_\_\_\_\_ Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Would you like to be informed of other job openings? \_\_\_\_ Yes \_\_\_\_ No

Referred By: \_\_\_\_\_

Have you ever been employed by this agency before? \_\_\_\_ Yes \_\_\_\_ No

If yes, please answer the following:

How long?: \_\_\_\_\_ Date of termination: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Do you have any relatives currently working with this agency (give name and relationship)

**CLERICAL APPLICANTS ONLY**—Please indicate below which skills you have experience with

Check Here	Type of Experience	How Long
	Clerical Supervisor	
	Clerk:	
	Correspondence	
	Cost (Accts Payable)	
	File	
	General	
	Statistical	
	Stock	
	Other:	
	Other:	

Check Here	Type of Experience	How Long
	Executive Secretary	
	Dictat. Machine Transcrib.	
	Mail Clerk	
	Copy Machine Operator:	
	Ditto (Spirit)	
	Mimeograph	
	Photocopy	
	Office Supervisor	
	Receptionist	
	Switchboard Operator	

Please indicate below your office skills, and machines you are proficient with:

Typewriter	Speed	10 Key Adding Machine Model _____
Manual	_____ WPM	Calculator Model _____
Electric	_____ WPM	Other: _____
Shorthand	_____ WPM	Other: _____
Steno Type	_____ WPM	Other: _____
Other: _____		Other: _____

**DRUG TESTING**

**AS REQUIRED BY THE PIT RIVER TRIBAL COUNCIL, A DRUG TEST WILL BE ADMINISTERED PRIOR TO HIRE.**

Are you willing to volunteer for pre-employment drug testing?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain:

## Employment History

Please list below all present and previous employers, beginning with your most recent.

Are you currently employed? Yes\_\_ No\_\_ May we contact your employer? Yes\_\_ No\_\_

Please indicate which of your previous employers you do not wish us to contact:

Name and Address of Company	Position/Title	Duties	Reason for Leaving			
	Salary					
	\$					
	From			To		
	MO			YR	MO	YR
	Salary					
	\$					
	From			To		
	MO			YR	MO	YR
	Salary					
	\$					
	From			To		
	MO			YR	MO	YR
	Salary					
	\$					
	From			To		
	MO			YR	MO	YR
	Salary					
	\$					
	From			To		
	MO			YR	MO	YR

**EDUCATION RELEVANT TO POSITION SOUGHT**

Name of School & Address	From		To		Diploma/ Degree	Major	Scholastic Average
	MO	YR	MO	YR			

Information Verification: Not Required\_\_\_\_ Required\_\_\_\_ Complete & Attach Authorization\_\_\_\_

Please note any additional experiences, skills, or volunteer work which you feel would especially qualify you for this position:

Have you been convicted of a felony within the last five years? If so, please explain the circumstances:

---

**INDIAN PREFERENCE**

---

In accordance with Public Law 92-261, "Indian Preference Act", this agency will recruit and give preference to qualified American Indians in employment and training. Please complete the following if you are claiming eligibility for this preference:

Name:                      Degree of Indian Blood:              Agency:

---

**CERTIFICATION**

---

I authorize the Pit River Tribe to conduct an investigation to verify the accuracy of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is subject to the personnel policies and procedures of this agency.

Date:

Signature: By clicking on the "Submit" button, I hereby agree to the above .