



# APPLICATION FOR EMPLOYMENT

## Confederated Tribes of the Colville Reservation



(Please Print All Information)

**NOTICE:** Incomplete applications will not be accepted or processed. Applicant is responsible to submit a completed and signed application to the Colville Tribes' Human Resources Department on, or before, closing date as well as any required attachments. The Job Application alone does not determine if an applicant meets the minimum qualifications of a job, the interview process will determine if you successfully demonstrate the knowledge, skills or ability to meet the minimum qualifications. Please make sure your application is complete and relevant to the job you are applying for. Applications will be kept on file for 6 months.

<b>Work Site:</b>	<b>Date Received by Human Resources Dept</b>
<b>Colville Tribes</b> P.O. Box 150, Nespelem, WA 99155 Phone: (509) 634-2842 Toll Free 800-506-9434 Fax (509) 634-2864	

Personal Data			
Last Name	First Name	M.I.	Other Names/Alias Used
Mailing Address: Street/PO Box	City	State	Zip Code
E-Mail Address (Required):			Telephone Number (Required)
			Home:
			Message:

Employment Data			
Position Applying For:	Job Number:	Department:	
Are you claiming Indian preference? <b>ENROLLMENT NUMBER - Valid proof of preference required</b>			
1. <input type="checkbox"/> CCT Member _____	4. <input type="checkbox"/> Other Tribe _____		
2. <input type="checkbox"/> CCT Descendent _____	5. <input type="checkbox"/> Non-Indian _____		
3. <input type="checkbox"/> CCT Spouse _____			
VETERAN'S PREFERENCE (For CCT positions only)	Branch of Service	Service Dates	Honorably Discharged – Provide Copy of DD-214
<input type="checkbox"/> - Yes <input type="checkbox"/> - No		From:      To:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education Background		
List last high school attended. Beginning with the recent – list all colleges, vocational, and military service schools attended. * <b>Please attach proof of certification from an accredited college for educational verification &amp; educational consideration</b> *		
Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name	Telephone Number
Name & Location of School	Graduate: Yes or No	Major Course
College/University		

College/University		
Vocational/Technical School		
Vocational/Technical School		

### Work Experience

List most recent first. Lists only work history relevant to qualifications required for position applying for.  
Do not leave any blank areas to avoid disqualification. Use additional pages if needed.

Employer Name	Address		Phone:
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:
Supervisor Name & Title:	Start Wage	End Wage	Eligible For Rehire? <input type="checkbox"/> - YES <input type="checkbox"/> - NO
	\$	\$	

Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.

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Employer Name	Address		Phone:
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:
Supervisor Name & Title:	Start Wage	End Wage	Eligible For Rehire? <input type="checkbox"/> - YES <input type="checkbox"/> - NO
	\$	\$	

Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.

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Employer Name	Address		Phone:
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:

<b>Supervisor Name &amp; Title:</b>	<b>Start Wage</b>	<b>End Wage</b>		
	\$	\$	<b>Eligible For Rehire?</b>	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
<b>Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.</b>				
<b>Employer Name</b>	<b>Address</b>			<b>Phone:</b>
<b>Job Title: (Print)</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Reason For Leaving:</b>	
<b>Supervisor Name &amp; Title:</b>	<b>Start Wage</b>	<b>End Wage</b>		
	\$	\$	<b>Eligible For Rehire?</b>	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
<b>Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.</b>				

Type	License #	State	Date Issued	Expiration Date
Driver's License (provide copy)				
CDL (provide copy)				
Flagger's Card (provide copy)				
Food Handler's Permit (provide copy)				
First Aid/CPR Card (provide copy)				
Certified Nurses Aid (provide copy)				
Other:				
Other:				
Other:				

Have You Ever Had A License/Bond/Permit Listed Above Revoked or Suspended?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
If YES, Explain:	

**Employee Statement of Accuracy and Authorization To Obtain Background Information**

I certify that all of the information given in this application is true, accurate, and complete. I understand any false or misleading information, or incomplete information on this application may result in my not being hired, or my immediate dismissal if I have been hired based upon any false or misleading information that I provided in this application.

I acknowledge Tribal member and Indian preference will apply; preference will be given to honorably discharged veterans who are equally qualified within in each Indian preference code.

I understand if the position is identified as safety sensitive, I will be required to take a pre-employment drug test.

I acknowledge pursuant to Tribal Policy, the position maybe subject to reasonable suspicion and post-accident drug testing.

I give my consent to the Colville Tribe Human Resources Department to conduct an investigation into my employment/work history and any pertinent information concerning my employment, criminal, financial and credit histories.

This is my authorization for any of my previous employers to release my employment history with them, including, but not limited to, my performance level, attendance, and disciplinary records. I will hold harmless any previous employer for releasing this information.

May we contact your current supervisor for a reference check? [ ] - YES [ ] - NO

<b>Applicant's Signature Affirming Above Statement</b>				<b>Today's Date</b>
<b>Last Name (Print)</b>	<b>First Name</b>	<b>MI</b>	<b>Maiden Name</b>	<b>Are you 18 or older?</b>
				[ ] - Yes [ ] - No