



Application for employment

Position:

What position are you applying for? _____

Personal Details:

Name: _____

(first)

(last)

(other)

Address: _____

City: _____

State: _____

Zip: _____

Contact

no.: _____

(home)

(cell)

(other)

To apply for this position, you must be a citizen of this country or be in possession of a legal work permit. Do you meet these requirements?

Yes ☐ No ☐

Do you have a driver's license?

Yes ☐ No ☐

Are you an enrolled American Indian? If yes, please state Tribe name: _____

Driver's license number: _____

What salary are you expecting? _____

What date are you able to start work? _____

Do you have any criminal convictions against you? If so, please state the number of conviction(s), the nature of the conviction(s), the sentence given and what rehabilitation you have received: _____

Personal References:

Name: _____

Position: _____

Company: _____

Address: _____

Contact no.: _____

Name: _____

Position: _____

Company: _____

Address: _____

Contact no.: _____

Education:

Education institution	Name of institution	Postal address	No. of years attended	Qualification obtained
High school				
College				
University				

Work Experience:

Please give a detailed description of your work experience, starting with your most recent employer (we will be using the information given by you to contact your previous employers for references).

Current Employer

Company: _____ Position held: _____
Supervisor: _____ Salary: _____
Contact No.: _____ Start date: _____
Address: _____ End date: _____
City: _____ State: _____ Zip:

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May we contact your current employer? Yes ☐ No ☐

Job Description:

(Please give a detailed account of duties performed, systems used, training undertaken and key achievements obtained.)

Reason for leaving:

Previous Employer

Company: _____ Position held: _____
Supervisor: _____ Salary: _____
Contact No.: _____ Start date: _____
Address: _____ End date: _____
City: _____ State: _____ Zip:

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Job Description:

(Please give a detailed account of duties performed, systems used, training undertaken and key achievements obtained.)

Reason for leaving:

Previous Employer

Company:	_____	Position held:	_____								
Supervisor:	_____	Salary:	_____								
Contact No.:	_____	Start date:	_____								
Address:	_____	End date:	_____								
City:	_____	State:	_____								
		Zip:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

Job Description:

(Please give a detailed account of duties performed, systems used, training undertaken and key achievements obtained.)

Reason for leaving:

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Declaration

I hereby declare that the information on this form is true and accurate to the best of my knowledge.
I understand that if any information that I have given is false, my application will be declined.

Signature _____

Date _____

BACKGROUND INVESTIGATION AUTHORIZATION FORM

I, the undersigned applicant/employee/volunteer, hereby authorize the Hoh Indian Tribe ("Tribe"), or its authorized agents, to conduct reference check(s) and a criminal history background check, including fingerprinting, for the purpose of evaluating my qualifications for employment, promotion, reassignment or retention as an applicant/employee/volunteer.

I acknowledge and authorize the Tribe to conduct inquiry of my character, personal characteristics, credit history, employment history, and public records information (e.g. record of civil judgement convictions, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses and other transcripts relevant to the Tribe's evaluation of my qualifications and authorize such information to be release and/or disclose it to the Tribe or its agents.

I also acknowledge and agree that the Tribe, or its agents, may obtain information pursuant to investigation through personal interviews with acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that the Tribe, or its agents, may conduct all or part of such investigation.

I understand that I have the right to obtain a copy of the criminal history report made available to the Tribe by the FBI or other responsible reporting agency. I further understand that I have the right to challenge the accuracy and completeness of any information contained in said report with the appropriate agency.

I represent that the information I have provided in my employment application and in the course of any investigations is complete and truthful to the best of my knowledge and I sign this affidavit under penalty of perjury. I understand that falsification of my application and/or failure to disclose related information to the Tribe shall result in my immediate termination.

I hereby release the Tribe, its agents, and any person providing information in connection therewith from any and all liability which may arise therefrom.

_____	_____
Applicant/Employee/Volunteer	Date

_____	_____
Acknowledgement of Authorized Tribal Official	Date