APPLICATION FOR EMPLOYMENT

**COLVILLE CONFEDERATED TRIBES & CTFC ENTERPRISES**

(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 appropriate enterprise, program or 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 3 MONTHS.

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| **CHECK WHICH WORK SITE(S) YOU ARE APPLYING FOR:** | | Date Received by Human Resources Department |
| Colville Tribes  P.O. Box 150  Nespelem, WA 99155  Phone: (509) 634- 2842  Toll Free: 800-506-9434  Fax: (509) 634-2864 | CTFC  Box 5, Birch St., Suite A  Coulee Dam, WA 99116  Phone: (509) 634-3200  Fax: (509) 634-3258  CTSC  MBC  OBC  CDC  GAMING HQ |  |

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| **PERSONAL DATA** | | | |
| **Last Name** | **First Name** | **M.I.** | **Other Names/Alias Used** |
|  |  |  |  |
| MAILING ADDRESS: STREET/PO BOX, CITY, STATE, ZIP CODE | | | TELEPHONE NUMBER REQUIRED |
| E-MAIL ADDRESS (OPTIONAL): | | | HOME:  MESSAGE: |

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| **EMPLOYMENT DATA** | | | | |
| POSITION APPLYING FOR | | | JOB NUMBER | DEPARTMENT |
| Are you claiming Indian Preference? **ENROLLMENT NUMBER – *Required***  1.  CCT Member  4.  Other Tribe  2.  CCT Descendent  5.  Non-Indian  3.  CCT Spouse | | | | |
| **VETERANS PREFERENCE?**  **FOR CCT POSITIONS ONLY** | **BRANCH OF SERVICE** | **SERVICE DATES** | | **HONORABLY DISCHARGED?** |
| YES  NO |  | FROM:  TO: | | YES  NO |

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| **EDUCATION BACKGROUND** |

List last high school attended. Beginning with the recent - list all colleges, vocational and military schools attended. \****Please attach proof of certification from an accredited college for education verification and educational consideration\****

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| Do you have a High School Diploma or GED?  YES  NO | School Name: | Telephone Number: |
| **Name & Location of School** | **Graduate: Yes or No** | **Major Course** |
| College/University | YES  NO |  |
| College/University | YES  NO |  |
| Vocational/Technical School | YES  NO |  |
| Vocational/Technical School | YES  NO |  |

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| **Specialized Skills/Training** | List any specialized skills that you possess that will enhance your abilities to perform in the following: | | |
|  | **Skills/Experience** | **Training** | **Certificates/Licenses** |
| ACCOUNTING |  |  |  |
| BUDGET |  |  |  |
| BUILDING TRADES/CONSTRUCTION |  |  |  |
| CASH HANDLING |  |  |  |
| CHILD/EARLY CHILDHOOD DEVELOPMENT |  |  |  |
| CLERICAL  (TYPING/FILING/PHONE/OFFICE  EQUIPMENT) |  |  |  |
| COMPUTER (I/T) |  |  |  |
| COUNSELING |  |  |  |
| CULINARY |  |  |  |
| FORESTRY, WOOD PRODUCTS |  |  |  |
| GAMING  (BE SPECIFIC) |  |  |  |
| GENERAL LABOR  (BE SPECIFIC) |  |  |  |
| HEALTH CARE |  |  |  |
| HEAVY EQUIPMENT  (BE SPECIFIC) |  |  |  |
| MAINTENANCE  (BE SPECIFIC) |  |  |  |
| MANAGEMENT  (BE SPECIFIC) |  |  |  |
| RETAIL |  |  |  |
| SECURITY |  |  |  |
| SUPERVISION  (BE SPECIFIC) |  |  |  |

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| **WORK EXPERIENCE** |

List your most recent job first. List only work history relevant to qualifications required for position applying for.

Do not leave any blank areas to avoid disqualification.

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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?  YES  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** |
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| JOB TITLE: (PRINT) | START DATE: | END DATE: | REASON FOR LEAVING: |
|  |  |  |  |
| SUPERVISOR NAME & TITLE: | START WAGE: | END WAGE: |  |
|  |  |  | ELIGIBLE FOR REHIRE?  YES  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** | |
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| JOB TITLE: (PRINT) | | | START DATE: | | | END DATE: | | | REASON FOR LEAVING: | |
|  | | |  | | |  | | |  | |
| SUPERVISOR NAME & TITLE: | | | START WAGE: | | | END WAGE: | | |  | |
|  | | |  | | |  | | | ELIGIBLE FOR REHIRE?  YES  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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| **TYPE** | **LICENSE #** | | | **STATE** | | | **ISSUED** | | | **EXPIRES** |
| DRIVERS LICENSE |  | | |  | | |  | | |  |
| CDL |  | | |  | | |  | | |  |
| FLAGGERS CARD |  | | |  | | |  | | |  |
| **DO YOU HAVE ANY OF THE FOLLOWING LICENSES/PERMITS?** | | | | | | | | | | |
| GAMING | | YES  NO | | | BARTENDER | | | YES  NO | | |
| FOOD HANDLER | | YES  NO | | | CHILD CARE | | | YES  NO | | |
| LEGAL | | YES  NO | | | OTHER: | | | YES  NO | | |

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| HAVE YOU EVER HAD A LICENSE/BOND/PERMIT LISTED ABOVE REVOKED OR SUSPENDED? | | YES  NO |
| IF YES, EXPLAIN: | | |
| ARE YOU BONDABLE? | YES  NO | |

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| CRIMINAL HISTORY | |
| HAVE YOU EVER BEEN ***CONVICTED*** OF A FELONY OR MISDEMEANOR? | YES  NO |
| YOU MAY BE REQUIRED TO DISCLOSE THE DETAILS OF A “YES” RESPONSE. DO YOU AGREE TO PROVIDE THIS INFORMATION AS A CONDITION OF CONSIDERATION FOR HIRE? | YES  NO |

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| **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 give my consent to the Colville Tribe Employer (Tribes, CTFC or CTEC) to conduct and 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. | | | | |
| **APPLICANT’S SIGNATURE AFFIRMING ABOVE STATEMENT** | | | **TODAYS DATE** | |
|  | | |  | |
| LAST NAME (PRINT) | FIRST NAME | MI | MAIDEN NAME | ARE YOU 18 OR OLDER? |
|  |  |  |  | YES  NO |

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| FOR OFFICIAL USE ONLY! |  | **TOPIC REQUIRING VERIFICATION** | **COMMENTS:** |
|  | Credit Background Check Verified |  |
|  | Criminal Background Clearance Verified |  |
|  | Driver’s License Verification |  |
|  | Drug Test Results Verified |  |
|  | Employment History Verified |  |
|  | Indian Preference Verified |  |
|  | License/Certification Verified |  |
|  | Veteran’s Preference Verified |  |
|  | Education Verified |  |
|  | Eligible for Hire  YES  NO |  |
|  | Other: |  |