NEZ PERCE TRIBAL
EMPLOYMENT APPLICATION

The following definition of the employment application has been approved by Administrative Action of the Nez Perce Tribe; to **include:**

1) **A Nez Perce Tribe Employment application form**
2) **Three letters of reference**
3) **Resume**

This is required for all jobs advertised for the NezPerceTribe and incomplete packets will not be considered for any further review or action.

ADMINISTRATIVE ACTION – JULY 11, 2000

NAME: _____

POSITION:_____

NEZ PERCE TRIBAL EMPLOYMENT APPLICATION

POSITION APPLYING FOR:

NAME: FIRST M. LAST | SOCIAL SECURITY# | PHONE# | MESSAGE#

ADDRESS: CITY STATE ZIP CODE

ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED TRIBE? ___YES ___NO
ARE YOU A NEZ PERCE TRIBAL MEMBER? ___YES ___NO
IF YES: TRIBE NAME _____ ENROLLMENT #_____
Submit proof of (i.e., Tribal ID, CIB)

ARE YOU ON LAY-OFF SUBJECT TO CALL? ___ YES ___ NO

ARE YOU AVAILABLE TO WORK: ___FULL TIME ___PART TIME ___SHIFTS
CAN YOU TRAVEL IF A JOB REQUIRES IT? ___YES ___NO
DOES ANY OF YOUR IMMEDIATE FAMILY WORK HERE? ___YES ___NO -- IF YES, LIST
NAME (S) _____

___DRIVERS LICENSE ___CHAUFFEURS LICENSE, ARE YOU CURRENTLY EMPLOYED? ___ YES ___NO
(STATE: _____ DRIVERS LICENSE No. _____)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ___YES ___NO
If yes, describe in full, (including dates)

ARE YOU A VETERAN? ___YES ___NO -- IF YES, WHAT WAS YOUR BRANCH OF MILITARY SERVICE?
_____ DATE OF SERVICE: _____ RANK: _____

IN CASE OF ACCIDENT OR EMERGENCY PLEASE NOTIFY

1) _____

2) _____

SUMMARIZE SPECIAL SKILLS & QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE. LIST TOOLS, MACHINES, SOFTWARE OR EQUIPMENT YOU CAN OPERATE. DO YOU HAVE A FLAGGERS CARD? __YES __NO

_____

_____

_____

_____

_____

_____

_____

THE INFORMATION YOU PROVIDED WILL BE USED TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT

EMPLOYMENT EXPERIENCE

NAME & ADDRESS OF EMPLOYER | DATE EMPLOYED (MONTH/YEAR) FROM:_____ TO: _____ | # OF HOURS PER WEEK _____

SALARY OR EARNINGS BEGINNING $ PER ENDING $_____ PER _____ | PLACE OF EMPLOYMENT CITY STATE _____

TITLE OF POSITION | NAME OF SUPERVISOR | PHONE # | REASON FOR LEAVING

DESCRIPTION OF WORK:

_____

_____

_____

NAME & ADDRESS OF EMPLOYER | DATE EMPLOYED (MONTH/YEAR) FROM:_____ TO: _____ | # OF HOURS PER WEEK _____

SALARY OR EARNINGS BEGINNING $ PER ENDING $_____ PER _____ | PLACE OF EMPLOYMENT CITY STATE _____

TITLE OF POSITION | NAME OF SUPERVISOR | PHONE # | REASON FOR LEAVING

DESCRIPTION OF WORK:

_____

_____

_____

NAME & ADDRESS OF EMPLOYER | DATE EMPLOYED (MONTH/YEAR) FROM:_____ TO:_____ | # OF HOURS PER WEEK _____

SALARY OR EARNINGS BEGINNING $ PER ENDING $_____ PER _____ | PLACE OF EMPLOYMENT CITY STATE _____

TITLE OF POSITION | NAME OF SUPERVISOR | PHONE # | REASON FOR LEAVING

DESCRIPTION OF WORK:

_____

_____

_____

_____

NAME & ADDRESS OF EMPLOYER | DATE EMPLOYED (MONTH/YEAR) FROM:_____ TO: _____ | # OF HOURS PER WEEK _____

SALARY OR EARNINGS BEGINNING $ PER ENDING $_____ PER _____ | PLACE OF EMPLOYMENT CITY STATE _____

TITLE OF POSITION | NAME OF SUPERVISOR | PHONE # | REASON FOR LEAVING

DESCRIPTION OF WORK:

_____

_____

_____

_____

CLERICAL SKILLS: TYPING SPEED _____ SHORTHAND _____
BUSINESS MACHINES _____ DATA PROCESSING _____

EDUCATION

NAME AND LOCATION OF SCHOOL	# YEARS ATTENDED	DATE ATTENDED	COMPLETED YES	NO
ELEMENTARY				
HIGH SCHOOL				
COLLEGE (S)				
TRADE/BUSINESS OR OTHER				

DECSRIBE COURSE OF STUDY:

INDICATE LICENSE OR CERTIFICATION:

Skills and Qualifications

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions of the position which you are applying: _____

References

List name and telephone number of three references that are not related to you.

	NAME	TELEPHONE	YEARS KNOWN
1)			
2)			
3)			

AGREEMENT

CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRES OF MY PERSONAL EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

TO ABIDE BY ALL RULES, REGULATIONS AND PERSONNEL POLICIES AND PROCEDURES OF THE NEZ PERCE TRIBE.

_____ DATE

_____ SIGNATURE OF APPLICANT