



NEZ PERCE TRIBAL EMPLOYMENT APPLICATION

The following definition of the complete employment application has been approved by Administrative Action – 02/23/16 of the Nez Perce Tribe to include:

- 1) **A Nez Perce Tribe Employment Application form**
 - Grade 15 and under require a completed tribal application only.
 - Grade 16 and above will require a completed tribal application
And resume.
- 2) **Must provide a current driver's license record ("DLR") where you have been licensed to drive in the last three (3) years.**
- 3) **The Nez Perce Tribe is a drug free work environment. Pre-employment drug testing is required.**

This is required for all applications for jobs advertised for the Nez Perce Tribe. Incomplete application packets will not be considered for any further review or action.

NAME: _____

POSITION: _____

HR-_____

NEZ PERCE TRIBAL EMPLOYMENT APPLICATION

SECTION I - EMPLOYMENT

Position applying for _____

Are you a member of a federally recognized Tribe? Yes No

Are you a **Nez Perce Tribal** member? Yes No

Submit proof of (i.e., Tribal ID, CIB) _____ Enrollment # _____

May we inquire of your present or most recent employer? Yes No

Are you a Veteran? Yes No If yes, what was your branch of military service? _____

Date of service _____ Rank _____

SECTION II- PERSONAL INFORMATION

Name _____

Last

First

Middle

Mailing Address _____

Home Phone _____ Message Phone _____

Do you have a valid driver's license (required for driving Tribal vehicles)? Yes No

Driver's License Number _____ State _____

Must provide a current driver's license record ("DLR") where you have been licensed to drive the last three years

Social Security Number _____ Other Identification _____

Date of Birth: _____

Are you legally eligible for employment in the United States? Yes No

(Proof of U.S. citizenship or immigration status will be required if employed)

Have you ever been convicted of a felony? Yes No If yes please explain below:

IN CASE OF ACCIDENT OR EMERGENCY PLEASE NOTIFY

1) _____

2) _____

The information you provide will be used to determine your qualifications for employment; you are required to complete the Section III. If you needed, additional pages may be added but must include each element as shown.

SECTION III – EMPLOYMENT HISTORY

Begin with your most recent or present position.

1. Employer _____ Telephone _____
Address _____
Job Title _____
Starting date _____ Leaving Date _____
Starting Salary/Wage _____ Final Salary/Wage _____
Supervisor's Name/Title _____
Describe work performed and skills involved _____

Reason for leaving _____

2. Employer _____ Telephone _____
Address _____
Job Title _____
Starting date _____ Leaving Date _____
Starting Salary/Wage _____ Final Salary/Wage _____
Supervisor's Name/Title _____
Describe work performed and skills involved _____

Reason for leaving _____

3. Employer _____ Telephone _____
Address _____
Job Title _____
Starting date _____ Leaving Date _____
Starting Salary/Wage _____ Final Salary/Wage _____
Supervisor's Name/Title _____
Describe work performed and skills involved _____

Reason for leaving _____

4. Employer _____ Telephone _____
 Address _____
 Job Title _____
 Starting date _____ Leaving Date _____
 Starting Salary/Wage _____ Final Salary/Wage _____
 Supervisor's Name/Title _____
 Describe work performed and skills involved _____

 Reason for leaving _____

SECTION IV – EDUCATION

	Name & Address:	Number of Years Completed Dates:	Major Field/indicate degree completed
High School			
College(s)			
Trade or Correspondence			

Degree(s) obtained: _____

Course of Study: _____

Summarize any job related skills, licenses, or certifications you may have: _____

Volunteer work: (Please note any volunteer work or offices held that may complement your paid work experience or relate to the position for which you have applied).

List any professional activities and associations (optional): _____

SECTION V – REFERENCES

List below the names of three people who can serve as a reference for you. They should be people with whom you have worked. Do not list personal references.

	NAME	ADDRESS/PHONE	BUSINESS	RELATIONSHIP
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Any applicant requiring assistance in any step of the employment process, such as applications, testing, and/or interviewing should inform the Human Resources office.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

DRUG & ALCOHOL POLICY STATEMENT

The Nez Perce Tribe has adopted a Drug and Alcohol Policy that restricts the consumption of alcohol and controlled drugs on the organization’s property. Any individual who is conducting business for the Nez Perce Tribe is covered by our policy.

SEXUAL HARASSMENT POLICY STATEMENT

The Nez Perce Tribe considers sexual harassment to be unlawful sex discrimination. It will not be tolerated in any form and violation of the sexual harassment policy will be grounds for corrective action.

AGREEMENT

I 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 INQUIRES IN CONNECTION WITH MY APPLICATION. I UNDERSTAND THAT I COULD BE DENIED EMPLOYMENT OR HAVE MY EMPLOYMENT TERMINATED IF I PROVIDE FALSE OR MISLEADING INFORMATION.

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

DATE

SIGNATURE OF APPLICANT

Waiver of Confidentiality and Consent to Release All Personnel Related Information

In Recognition of my need to demonstrate a positive work history to establish my eligibility for employment with the Nez Perce Tribe I, _____ (applicant's full name) waive all protections of confidentiality provided by law, bylaw, policy, contract, or otherwise that pertains to my personnel history.

Specifically, I authorize all prior employers to release all of my personnel information and records to the Nez Perce Tribe's Human Resources Office.

I understand that I may request, and the Nez Perce Human Resources Office shall supply me with, a copy of all records gathered from my former employer for the purpose of establishing my work history.

I understand that the Nez Perce Tribe Human Resources Office may not release any information regarding my prior work history to any person or entity outside of the Nez Perce Tribe's Management structure without my express, written authorization.

I also understand that the Nez Perce Tribe retains the sole discretion to determine my eligibility for employment with the Nez Perce Tribe based on my prior work history.

Dated this _____ Day of _____, _____

Applicant's Signature: _____



Nez Perce Tribe Medical Release Form

Questions?
Human Resources
208-843-7332

Full Name: _____

Department: _____

Employee #: _____ Date of Birth: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Vaccination Site Name & Phone #: _____

Authorization to Disclose Healthcare Information

I, _____, authorize medical information to be released to the Nez Perce Tribe from Nimiipuu Health, an outside clinic or other vaccination facility for the purpose of verifying my COVID-19 vaccination status. I also authorize the release of information from Human Resources to my supervisor, department manager, and entity executive in order to review and consider my exemption and accommodations requests.

I understand that I have the right to revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance on this authorization. If this authorization has not been revoked, it will expire six (6) months from the date of my signature. I understand that once the above information has been disclosed, it may be re-disclosed by the recipient and the information may be protected by federal privacy laws or regulations.

Signature (Parent/Guardian, if under 18)

Date

Return completed form to with a copy of your vaccination card to the Nez Perce Tribe, Human Resources Department at teamhr@nezperce.org.