



**The Klamath Tribes - Administration**  
 P.O. Box 436, Chiloquin, Oregon 97624  
 (541) 783-2219 • Fax (541) 783-2836  
**APPLICATION FOR EMPLOYMENT**

*(Please print or type clearly)*

Name: _____			Date _____
LAST	FIRST	MIDDLE	
Former Name _____			SS No. _____ - _____ - _____
Physical Address (If different from mailing address): _____			
Mailing Address: _____			Phone No. (____) _____
NO.	STREET		Cell No. (____) _____
CITY _____			E-mail _____
	STATE	ZIP	

Position Applying For: \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.?  Yes  No (If "Yes" verification will be required)

Have you ever been employed by the Klamath Tribes before?  Yes  No (If "Yes" give dates and titles)

Title: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Have you ever been terminated from employment by the Klamath Tribes?  Yes  No (If "Yes" please list titles and dates: \_\_\_\_\_)

Have you ever been convicted of a felony?  Yes  No If "Yes" list conviction & year \_\_\_\_\_

Have you ever been arrested or charged with a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons?  Yes  No (Conviction will not necessarily disqualify an applicant from employment)

If yes, you are required to provide a description of the disposition of the arrest or charge along with your application for employment. (Conviction will not necessarily disqualify an applicant from employment)

The job application form must state that the application is being signed under perjury and acknowledge that knowingly falsifying or concealing a material fact is a felony that may result in fines up to \$10,000 or five years of imprisonment, or both.

If you are under 18 years of age, can you provide required proof of eligibility to work?  Yes  No

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

List any other experiences, skills or qualifications which will be of special benefit in the job for which you are applying (Do not list any information that Federal and/or State law precludes obtaining in the pre-employment stage).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## RECORD OF EDUCATION

NAME AND ADDRESS OF SCHOOL		COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST DIPLOMA OR DEGREE
			1	2	3	4		
HIGH SCHOOL								
COLLEGE						<input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER (SPECIFY)						<input type="checkbox"/> Yes <input type="checkbox"/> No		

Indicate Degrees, Licenses or Certifications: \_\_\_\_\_

Clerical Skills: Typing Speed: \_\_\_\_\_ (Attach Documentation if required or requested)

Other: \_\_\_\_\_

Computer Experience: \_\_\_\_\_

## EMPLOYMENT HISTORY

*(Begin with your most recent employment as it relates to the position applied for. A resumé will NOT substitute.)*

1. Name of Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Name of Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY (Continued)

3. Name of Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of Company \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL REFERENCES

*(Please provide complete information. References may not be Former Employers or Relatives)*

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Be sure to sign and date the application. You must attach copies of any Diplomas, Transcripts, Licenses and Certifications that are required on the position description. Failure to provide the required documentation will prevent consideration of your application for the position.

## APPLICANT

### *PLEASE READ CAREFULLY BEFORE YOU SIGN ON LINE PROVIDED*

I certify that, to the best of my knowledge, all of my statements are true, correct, complete and made in good faith. I understand that any false statement on this application may result in my not being hired, or in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I consent to the release of information concerning my personal history that I have listed on this application. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I release any person, firm, or institution from all liability from any damage for issuing such information.

I hereby give my permission to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release the Klamath Tribes, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

In accordance with the Klamath Tribes Background and Character Investigation Policy you may be subject to a criminal records background check per public law 101-647 and 101-630.

- All individuals who apply for positions with this policy must fill out an application form.
- Background investigation and determination that the individual meets the eligibility criteria of this policy are conditions of employment.
- The application for employment is signed under penalty of perjury and acknowledge that knowingly falsifying or concealing a material fact is a felony that may result in fines up to \$10,000 or five years imprisonment, or both.

**ALL TRIBAL EMPLOYMENT WILL BE CONTINGENT UPON CLEARING THE REQUIRED ALCOHOL/DRUG SCREENING TEST.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INDIAN PREFERENCE POLICY

In accordance with 42 USC Sec. 2000e2(i) whenever reasonable the Klamath Tribes will hire in the following order of priority:

1. Klamath Tribal Members
2. Other Enrolled Indians
3. Descendants of the Klamath Tribes
4. Non-Indian Applicant

If you wish to claim Indian Preference, check one:

- I am an Enrolled Klamath Tribal member. My Tribal Number is \_\_\_\_\_.
- I am enrolled with \_\_\_\_\_ Tribe. My Roll Number is \_\_\_\_\_.
- I am a Klamath Descendant, not enrolled. I am a descendant of \_\_\_\_\_.