



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
 Social Security Number _____ - _____ - _____
 Former Name _____
 Physical Address (If different from mailing address): _____
 Mailing Address: _____ Phone No. () _____
NO. STREET

CITY 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 _____
MO./YR. MO./YR.

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 _____.

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?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER <small>(SPECIFY)</small>			1	2	3	4	<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 employer. 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

(Not 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.

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 _____ .