



Klamath Tribes
Gaming Regulatory Commission

P.O. Box 1048 • Chiloquin, Oregon 97624 • (541) 783-7545 • Fax (541) 783-7540

APPLICATION FOR EMPLOYMENT

(Please print or type clearly)

Name: _____			Date: _____
LAST	FIRST	MIDDLE	Social Security #: _____
Mailing Address: _____			Telephone No. (_____) _____
STREET OR P.O. BOX			
CITY	STATE	ZIP	

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

Position Applied For: _____

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

Title: _____ from _____ to _____
mo./yr. mo./yr.

Title: _____ from _____ to _____
mo./yr. mo./yr.

If yes, have you ever been terminated for cause? No Yes _____ Year

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

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 the 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
		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL						<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE						<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER <small>(SPECIFY)</small>						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____							
Describe any honors you have received: _____							
State any additional information you believe may be helpful to us in considering your application and/or attach related documents on your resume: _____							

EMPLOYMENT HISTORY

(Begin with your most recent employer)

1. Name of Company: _____ Phone: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Name of Supervisor: _____ Date Started: _____ Date Ended: _____

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: _____

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: _____
Job Title: _____ Salary: _____
Reason for Leaving: _____ Job Duties: _____

PERSONAL REFERENCES

(Not Former Employers or Relatives)

NAME AND OCCUPATION	MAILING ADDRESS	PHONE NO

In the event of an emergency, notify: 1. _____ Phone: _____
2. _____ Phone: _____

APPLICANT

PLEASE READ CAREFULLY BEFORE YOU SIGN ON LINE PROVIDED

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 investigations or disclosure.

APPLICANT 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, and
3. Non-Indian applicants.

If you wish to claim Indian Preference, check one:

I am an Enrolled Klamath Tribal Member. My Roll Number is #

I am enrolled with _____ Tribe,
MY ENROLLMENT NUMBER in this tribe is #

I am a Klamath Descendant, not enrolled.
I am a Descendant of _____

YOU MUST SIGN THIS APPLICATION.
PLEASE READ CAREFULLY BEFORE YOU SIGN.

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 and 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 understand and agree that my employment is at-will and can be terminated by either party at any time. 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 for any damage for issuing such information.

Signature of Applicant: _____

THE FOLLOWING IS FOR PERSONNEL USE ONLY

1. Position(s) Applied For Is Open: Yes No 2. Applicant Eligible For Hire In This Position: Yes No

3. If No, Letter of Explanation Sent: _____
DATE

4. Positions Considered For: _____

5. Reference Checks Sent: Yes No

Name: _____ Date: _____

Address: _____

Name: _____ Date: _____

Address: _____

Name: _____ Date: _____

Address: _____