nn vyss, walla walla unit vyss, walla unit vyss, walla walla unit vyss, walla walla unit vyss, walla walla unit vyss, wa	Mailing Address: City: Home Phone:	State:	First Name: Zip Code: Cell Phone:
	Departments and Prog partments and a reque	grams for work. If you h est for Temporary Emplo	nave been actively soliciting temporary opportunity by the subsequently received. Those
Tribal Affiliation:			
CTUIR Enrolled	Other Indian	Enrollment #:	Non-Indian
Special skills, certifications, or First Aid / CPR: Expiration Date: List all relevant training: Form	//	eck all that apply; pro	YTHC) YES NO If yes, see page 2 wide copies of certificates) lers: Expiration Date: /
Are you currently in scho Do you have a high schoo Have you ever been conv Do you have reliable tran	ol diploma or GED? icted of a felony?	`	es, attach schedule for work availability
	zed to drive GSA or Tri employee I will not b	ibally owned vehicles <u>M</u>	s, which state/ #:/ <u>UST</u> meet Tribal insurance requirements. onferences or other training. Travel will
Do you have a CDL? YES			
**Some positions within DECD, P Do you have endorsements:			equire a Commercial Driver License.

Note: TPPM Section 3.05.C: ACA Compliance Provisions for Part-Time Employees. Position change from full to part-time: Any full time employee who leave their full time position at any other CTUIR government, enterprise or entity for a part-time position within the Tribal Government may not be eligible to start the part-time Tribal government position until there has been a break in employment of 13 weeks. If the employee has worked full time for less than 13 weeks, the break in service shall be reduced to the length of the previous full-time employment but in no case shall the break in employment be less than four weeks. (See HR staff member for more information if needed).

EMPLOYMENT	Please give accurate, complete full-time and part-time employment record. Start with your most recent employer.
Company Name	Telephone ()
Address	Employed (state month and year) From: To:
Name of Supervisor:	Pay Week Month Annual Start: Last:
State Job Title and Describe Your Work:	Reason for Leaving:

Military	Did you serve in the Yes No U.S. Armed Forces? If yes, attach copy of DD214	If yes, in which Branch?		
Describe any training received relevant to the position for which you are applying.				

Where are you willing to work? (Please check all that apply)



Please list any specialty skills that you have which are relevant to the position you are seeking (be specific):

MS Office			Accounting		
• Word	Mos	YRS	Payroll	Mos	YRS
• Excel	Mos	YRS	 Accounts Payable 	Mos	YRS
Access	Mos	YRS	Accounts Receivable	Mos	YRS
PowerPoint	Mos	YRS	Cash handling	Mos	YRS
Publisher	Mos	YRS	Customer Service	Mos	YRS
OneNote	Mos	YRS	Purchase Orders	Mos	YRS
ShoreTel	Mos	YRS	SharePoint	Mos	YRS
Note Taking	Mos	YRS	Language*	Mos	YRS
Travel Arrangements	Mos	YRS	After-School*	Mos	YRS
Outlook	Mos	YRS	Child Care*	Mos	YRS
Cook	Mos	YRS	Identifying fish	Mos	YRS
Custodian	Mos	YRS	Pit	Mos	YRS
Driving - Transit	Mos	YRS	Tagging	Mos	YRS
Recreation*	Mos	YRS	Tagging software	Mos	YRS
Head Start*	Mos	YRS	Heating & furnace systems	Mos	YRS
Р3	Mos	YRS	Plumbing	Mos	YRS
Fish traps	Mos	YRS	Drone	Mos	YRS
ATV	Mos	YRS	Other List	Mos	YRS
Trail Bikes	Mos	YRS		Mos	YRS
Small hand tools	Mos	YRS		Mos	YRS
Welding	Mos	YRS		Mos	YRS
*Covered Status Positions – Re	gular contact w	vith or contro	over Indian Children or the provision of	child care s	ervices

of CTUIR's computer and media policy. This will be filed in your personnel file.

Applicant Responsibility:

It is the absolute responsibility of the applicant to provide sufficient evidence to show they fully meet the minimum qualification or knowledge requirements. Applicants failing to meet the listed duties and responsibilities for any open Temporary position will not be assigned to a temporary position.

The information provided in this Application for Temporary Employment is true, correct, and complete. I understand that if employed, any misstatement or omission of fact on the application may result in my dismissal. I further understand that acceptance of an offer for Temporary Employment does not create a contractual obligation upon the Confederated Tribes of the Umatilla Indian Reservation to continue to employ me.

Signature:		Date:	
Return to:	CTUIR – Office of Human F 46411 Timine Way	Resources	
	Pendleton, OR 97801	Phone/Fax: (541)429-7180	
		NOTICE	
You a	re advised that you also need	t to complete the Tribal Employment Application	Supplemental Form.
		See next page.	

Tribal Employment Application Supplemental Form

Education, Criminal, Department of Motor Vehicle, Reference, and Prior Employment Release Authorization Form

NOTICE TO APPLICANT

If you are considering employment with the Confederated Tribes of the Umatilla Indian Reservation, your educational background and prior place(s) of employment will be verified by the Office of Human Resources. This authorization form must be completed and signed by you and attached to the Tribal Application for Employment Form (application) for each position for which you may be applying. Failure to complete and sign the form may disqualify you for consideration for employment with the Tribe.

Print Name

Date

Social Security Number

Applicants for positions classified as Tribal Safety Sensitive or Covered Status Positions

Department: NA Job Title: Temporary Employee

NOTICE TO APPLICANT

The Office of Human Resources shall conduct a background investigation on all applicants for positions classified as Tribal Safety Sensitive and Covered Status. Safety Sensitive positions shall include positions within the Tribal Police and Fire Departments as well as all positions designated as operating heavy equipment. Covered Status positions include positions within the Department of Children and Family Services, Office of Human Resources, Department of Education, and any other position identified as working with or supervising children. All such positions shall be required to undergo background investigation that will include Criminal, Credit, Employment, Education, and Motor Vehicle checks before an applicant can be interviewed.

 Applicant Signature
 Printed Name
 Date

Social Security Number

Date of Birth

Driver License State & Number

The Tribe collects Social Security Numbers only as necessary for use in the performance of the Tribe's duties and responsibilities, which may include the following possible purposes: classification of accounts; identity management; credit worthiness; billing and payments; data collection, reconciliation, and tracking; benefit processing; tax and scholarship reporting; financial aid processing; accreditation of programs; student health services; research management; and reporting to authorized state and federal government agencies. Federal and State laws require us to protect Social Security Numbers from disclosure to unauthorized parties. Employees are assigned CTUIR Employee Identification number to assist in protecting their personal information.