



541-429-7180

HumanResources@ctuir.org

46411 Timine Way • Office of Human Resources • Pendleton, OR 97801

# APPLICATION FOR EMPLOYMENT

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Last Name	First Name	Middle Initial	Date
Street Address			Cell Phone Number
City, State, Zip			Home Phone Number
Position Applying For:			E-mail Address
Have you ever applied for employment with us? If yes, Month and Year? Location:			Pay Expected:
Yes No			
Apart from absence for religious observance, are you available for full-time work? If not, what hours can you work:			Will you work overtime if asked?
Yes No			Yes No
Are you legally eligible for employment in the United States? Yes No			When will you be available to begin work?
Other Relevant Skills, Certifications, or Training (languages, machine operation, etc.)			

## EDUCATION

School	Name & Location of School	Major/Minor/Program	Graduate?	Degree Awarded
Graduate School			Yes No	
University and/or Community College			Yes No	
Trade or Vocational			Yes No	
High School			Yes No	

## MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

# EMPLOYMENT HISTORY

Please give accurate and complete full-time and part-time employment record. Start with your present or most recent employer

1	Company Name	Company Phone:
	Company Address	Employed (Month/Year): From: To:
	Name of Supervisor and Supervisor Email	Pay: Monthly Annual
	Job Title and Job Duties	Reason for Leaving:

2	Company Name	Company Phone:
	Company Address	Employed (Month/Year): From: To:
	Name of Supervisor and Supervisor Email	Pay: Monthly Annual
	Job Title and Job Duties	Reason for Leaving:

3	Company Name	Company Phone:
	Company Address	Employed (Month/Year): From: To:
	Name of Supervisor and Supervisor Email	Pay: Monthly Annual
	Job Title and Job Duties	Reason for Leaving:

4	Company Name	Company Phone:
	Company Address	Employed (Month/Year): From: To:
	Name of Supervisor and Supervisor Email	Pay: Monthly Annual
	Job Title and Job Duties	Reason for Leaving:

## REFERENCES

We may contact the employers listed above unless you indicate those you do not want us to contact.

### DO NOT CONTACT

Employer Number(s):

Reason(s):

## MILITARY

Did you serve in the U.S. Armed Forces?

Yes

No

If Yes, attach copy of DD214

Relevant training to the position for which you are applying:

The Confederated Tribes of the Umatilla Indian Reservation reserves the right to make selection based on **CTUIR Tribal Preference** and **Indian Preference**.

Tribal Affiliation:

Enrollment Number:

**ATTACH COPY OF ENROLLMENT VERIFICATION - Tribal ID, Certificate of Indian Blood, etc.**

It shall be the policy of the Tribe that no employee or job applicant shall be discriminated against in pursuit of employment or career growth due to race, ethnicity, religion, gender, sexual orientation, age or national origin.

Do you have a valid driver's license?      Yes      No

State:      License Number:

Do you currently work at another Tribal enterprise (CTUIR, Cayuse Technologies, WRC, YTHC)?

Yes      No

**PLEASE INCLUDE THE FOLLOWING FOR A COMPLETE APPLICATION PACKET:**

1. Supplemental Form - completely filled & signed (Page 4)

2. Cover Letter (signed)

3. Resume

4. Copy of High School Diploma/GED

5. Copy of Official College Transcripts

**If Applicable:**

- Copy of Tribal ID/CIB

- Veteran's Form - DD214

## Signature

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

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.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION

### Application for Employment

# Supplemental Form

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

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 of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver License State & Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

#### **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, 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, Employment, Education, and Motor Vehicle checks before an applicant can be interviewed.

If You Are Applying For a Tribal Safety Sensitive or Covered Status Position, Please Specify:

**Department:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

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.