

CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION
ATTENTION: OFFICE OF HUMAN RESOURCES – STAFFING
46411 TIMINE WAY • PENDLETON, OREGON 97801
(541) 429-7180 • FAX (541) 276-9060
WWW.CTUIR.ORG

APPLICATION FOR EMPLOYMENT

(Please type or print clearly)

P E R S O N A L	Last Name			First	Middle	Date
	Street Address					Home Telephone ()
	City, State, Zip					Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year Location					E-mail Address
	Position Desired					Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	* Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)					

E D U C A T I O N	School	Name and Location of School	Course of Study Or Degree Earned	Did you Graduate ?	Degree or Diploma
	Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations
 (Exclude those which may disclose your race, color, religion or national origin)

EMPLOYMENT

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

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Pay <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Pay <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Pay <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Pay <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Annual Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

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 _____

MILITARY

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

Yes No
If "Yes", attach copy of DD214.

If "Yes", in what Branch?

Describe any training received relevant to the position for which you are applying.

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, color, religion, gender, sexual orientation, age or national origin.

☐

Do you have a valid driver's license? ☐ yes ☐ no

State _____ Lic. # _____ Exp. Date: _____

☐

ATTACH COPY OF ENROLLMENT VERIFICATION (Copy of enrollment card [CIB])

TRIBAL AFFILIATION:

ENROLLMENT NUMBER:

The Confederated Tribes of the Umatilla Indian Reservation reserves the right to make selection based on **UMATILLA TRIBAL PREFERENCE AND INDIAN PREFERENCE.**

Do you currently work at another Tribal enterprise (CTUIR/Cayuse Technologies/WRC/YTHC) YES NO

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The information provided in this Application for Employment is true, correct,^a 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.

Date

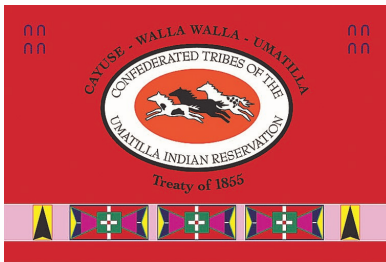
Signature

CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION

Please include the following for a complete application packet:

- ☐ **Cover Letter (signed)**
- ☐ **Resume**
- ☐ **Copy of HS Diploma/GED**
- ☐ **Supplemental Form (signed)**
- ☐ **Copy of Tribal ID (if applicable)**
- ☐ **Veteran's Form DD214 (if applicable)**
- ☐ **Official College Transcripts (if applicable)**

Any questions contact the Office of Human Resources at 541-429-7180



CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION

Tribal Employment Application

Supplemental Form

Education, Credit, 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.

Applicant Signature

Print Name

Date

Social Security Number

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

Department: _____

Job Title: _____

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

Applicant Signature

Print 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.