

Confederated Tribes of the Umatilla Indian Reservation ATTENTION: Office of Human Resources - Staffing & Recruiting 46411 Timine Way • Pendleton, OR 97801 Phone: (541) 429-7180 - Email: HumanResources@ctuir.org

APPLICATION FOR EMPLOYMENT

P	Last Name	First Name	Middle Initial		Date
E	Street Address				Cell Phone Number
R	City, State, Zip			Home Phone Number	
S	Position Applying For:				E-mail Address
0	Have you ever applied for If yes, Month and Year?	or employment with us? Location:	Yes	No	Pay Expected:
١	Apart from absence for I	religious observance, are you avai 1 work:	lable for full-time work? Yes	No	Will you work overtime if asked? Yes No
4	Are you legally eligible for employment in the United States? Yes No			When will you be available to begin work?	
	Other Relevant Skills, C	ertifications, or Training ation, 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
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Exclude those which may disclose your race, ethnicity, religion, or national origin

EMPLOYMENT HISTORY

Please give accurate and complete full-time and part-time employment record.

Start with your present or most recent employer

	Company Name	Company Phone:		
	Company Address	Employed (Month/Year):		
		From:	To:	
1	Name of Supervisor and Supervisor Email	Pay:	Monthly	Annual
	Job Title and Job Duties	Reason for Leaving:		
	Company Name	Company Phone:		
	Company Address	Employed (Month/Year):		
2	Name of Supervisor and Supervisor Email	From:	То:	
		Pay:	Monthly	Annual
	Job Title and Job Duties	Reason for Leaving:		
		1		
	Company Name	Company Phone:		
3	Company Address	Employed (Month/Year):		
	Name of Supervisor and Supervisor Email	From:	To:	
	Name of Supervisor and Supervisor Eman	Pay:	Monthly	Annual
	Job Title and Job Duties	Reason for Leaving:	-	
	Company Name	Company Phone:		
4	Company Address	Employed (Month/Year):		
	Name of Supervisor and Supervisor Email	From:	То:	
		Pay:	Monthly	Annual
	Job Title and Job Duties	Reason for Leaving:		
		I		
	EFERENCES DO NOT CONTACT Employer Number(s):			
	nay contact the employers If above <u>unless</u> you indicate Reason(s):			

MILITARY

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

Yes N

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 Affi	liation:		Enrollment Number:	
ATTACH COPY O	F ENROLLMENT VERIF	TICATION - Tr	ribal ID, Certificate of Indian Blood,	, etc.
			shall be discriminated against in pursuit , sexual orientation, age or national orig	
Do you have a valid of State:	driver's license? Yes License Number:	No	Expiration Date:	
Do you currently wo Yes No	rk at another Tribal enter	prise (CTUIR,	Cayuse Technologies, WRC, YTHC)?
	ol Diploma/GED	(Page 4) If Applicable Copy of	<u>ə:</u> Tribal ID/CIB 's Form - DD214	
	Si	gnature		<
employed, any misstate I understand that accep employer to continue to If you decide to engage history, I authorize you	ement or omission of fact otance of an offer of emplo o employ me in the future e an investigative consum- u to do so. If a report is ob	on this applica byment does not er reporting ago stained you mu	is true, correct, and complete. If tion may result in my dismissal. ot create a contractual obligation up ency to report on my credit and per st provide, at my request, the name the information contained in the rep	rsonal of the
Signatur	e	_		

Complete Application Packets can be turned into HR Reception at our physical address or emailed to HumanResources@ctuir.org



CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION Application for Employment

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 Fonn (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 pos	sitions classified as Tribal Safety Sensitiv	ve or <u>Covered Status</u> Positions
Department:	Job Title:	
	NOTICE TO APPLICA	<u>NT</u> :
	ources shall conduct a background invensitive and Covered Status.	vestigation on all applicants for positions
Safety Sensitive positions: spositions designated as operations		Police and Fire Departments as well as all
of Education, and any other place required to undergo backg	position identified as working with or su	f Children and Family Services, Department apervising children. All such positions shall minal, Credit, Employment, Education, and
Social Security Number	Print Name	Date
Applicant Signature	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.