



541-429-7180

HumanResources@ctuir.org

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

APPLICATION FOR EMPLOYMENT

P E R S O N A L	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:			Yes No	Pay Expected:
	Apart from absence for religious observance, are you available for full-time work? If not, what hours can you work:			Yes No	Will you work overtime if asked? 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

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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:



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.