



YUROK TRIBE

Phone: (707) 482-1350 · Fax: (707) 482-1361

190 Klamath Blvd * PO BOX 1027
Klamath, California 95548

EMPLOYMENT APPLICATION

Position (s) Applying for:

1 _____ 2 _____ 3 _____

Last Name _____ First Name _____ Middle _____

Address _____ Home Phone # _____

City _____ State _____ Zip Code _____ Cell/Other Phone # _____

Other Names Used in the Past: _____ Email: _____

Have you ever been employed by the Yurok Tribe? Yes No If Yes, list dates: _____

Do you claim Indian Preference? Yes No If Yes, Tribe: _____ Roll #: _____

Copy of enrollment documentation must be attached to receive

Check, if Spouse (You must submit marriage certificate or notarized statement from the family member who accepted payment)

Availability

I am seeking: Part Time Full Time Temporary Seasonal

Desired Salary: _____ If hired, when can you start? _____

Additional Information

- Are you related by blood or marriage to any person presently employed by the Yurok Tribe? Yes No If yes, give name, relationship, position, and location of employment:

- Have you ever been convicted of any crime (answering "yes" to this question will not necessarily disqualify applicant from the position)? Yes No If yes, for each conviction, please state where, when, and the disposition of the case:

- Have you ever been discharged or forced to resign from any employment? Yes No If yes, please give details:

- Are you 21 or older (you must be 21 or older to be insured to operate a government vehicle)? Yes No
- Do you have a valid Driver's license (a current DMV report will be required if the position requires you to drive)? Yes No
DL #: _____ Expiration Date: _____

Education and Training

| EDUCATION | NAME/LOCATION | DEGREE/AREA STUDIED | UNITS COMPLETED | GRADUATE? YES OR NO |
|-------------|---------------|---------------------|-----------------|------------------------|
| High School | | | | |
| Vocational | | | | |
| College | | | | |

Other Skills

List any additional skills or certifications relevant to the job(s) you are applying for:

Work Experience

List all relevant experience. Attach additional sheets if needed. NOTE: A resume is not a substitute for completing this section.

Employer # 1 _____ Job Title: _____ Date From: _____
Address _____ Date To: _____
Supervisor: _____ Salary: _____ Duties: _____
Phone Number _____ Reason for Leaving: _____ May we contact this employer Yes No

Employer # 1 _____ Job Title: _____ Date From: _____
Address _____ Date To: _____
Supervisor: _____ Salary: _____ Duties: _____
Phone Number _____ Reason for Leaving: _____ May we contact this employer Yes No

Employer # 1 _____ Job Title: _____ Date From: _____
Address _____ Date To: _____
Supervisor: _____ Salary: _____ Duties: _____
Phone Number _____ Reason for Leaving: _____ May we contact this employer Yes No

References

List 3 people you have known for at least one year, unrelated to you, who have knowledge of your work history.

Name: _____ Phone: _____
Business: _____ Years Known: _____

Name: _____ Phone: _____
Business: _____ Years Known: _____

Name: _____ Phone: _____
Business: _____ Years Known: _____

Applicant Statement

CERTIFICATION AND AUTHORIZATION (Please read the following carefully before signing):

I certify that the information I have provided is true, complete and correct. I understand that false information or omissions, regardless of when discovered, will be sufficient cause for the refusal to employ or for immediate dismissal. I hereby authorize Yurok Tribe to contact all of my previous employers and/or references and for those parties to release any information requested by Yurok Tribe. I understand that if I am employed by Yurok Tribe, it will be as an employee at-will, which means that either party can terminate the employment relationship at any time, with or without cause, with or without notice. I acknowledge that I will be required to submit to a pre-employment drug/alcohol screen and criminal background check and that the outcome of those test will affect any offer of employment. This application will be considered active for 90 days.

Applicant Signature: _____ Date: _____

Computer Skills (Check all that apply – computer skills will be assessed prior to placement):

- Typing: WPM _____ 10 Key by touch
- Software: PowerPoint Publisher Word Access Excel Outlook
- Other: _____

Certificates Attained (Check all that apply – Must provide copy of certificate for verification):

- Commercial Class A license DL #: _____ Expires: _____
- Commercial Class B license DL #: _____ Expires: _____
- CPR/FirstAid Expires: _____
- Heavy Equipment Operation Type(s): _____ Expires: _____
- CA Flagging Expires: _____
- CA Food Handler Expires: _____
- OSHA Type(s): _____ Expires: _____

Union Membership:

Are you a member of a trade union? Yes No If yes, what union? _____

Cultural Skills (Check all cultural training you have):

- Basketry Canoe making Net maker Storytelling
- Beading/Regalia Language Singer Traditional Cooking

Training Interests (Check any areas you would be interested in, when training becomes available):

- Auto Mechanics CPR/First Aid Hotel Operations
- Carpentry Electrician HVAC
- Casino Operations Flagger Certification Landscaping
- Computer Skills Food Service Plumbing
- Construction – Roads Heavy Equipment Truck Driver
- Construction – Structures Hospitality Industry Welding – Metal

I acknowledge the following responsibilities in maintaining active membership with TERO:

- I must notify TERO staff of any problems or changes in my contact information, including mailing address and telephone number(s), or risk being excluded from TERO services.
- I understand that by providing no work history, I will only be eligible for labor and clerical temp pools.
- I may be required to attend trainings or seminars conducted or hosted by TERO.
- I understand if TERO is able to locate work for me and I refuse the position, quit, or am terminated for cause from that employment, I will be placed on probationary status and not be eligible for supportive services or referral assistance from TERO for a period of 6 (six) months.

Signature: _____ Date: _____