



APPLICATION FOR EMPLOYMENT

Colville Indian Housing Authority



(Please Print All Information)

NOTICE: Incomplete applications will not be accepted or processed. Applicant is responsible to submit a completed and signed application to the appropriate enterprise, program or department on, or before, closing date as well as any required attachments. The Job Application alone does not determine if an applicant meets the minimum qualifications of a job, the interview process will determine if you successfully demonstrate the knowledge, skills or ability to meet the minimum qualifications. Please make sure your application is complete and relevant to the job you are applying for. Applications will be kept on file for 3 months.

Work Site(s)	Date Received- by Human Resources Dept
<input type="checkbox"/> Colville Indian Housing Authority P.O. Box 528 Nespelem, WA 99155 Phone: (509) 634-2160 Fax (509) 634-2335	

Personal Data			
Last Name	First Name	M.I.	Other Names/Alias Used
Mailing Address: Street/PO Box City State Zip Code			Telephone Number (Required)
E-Mail Address (optional)			Home: Message:

Employment Data			
Position Applying For:	Job Number:	Department:	
Are you claiming Indian preference? ENROLLMENT NUMBER - Valid proof of preference required			
1. <input type="checkbox"/> CCT Member _____	4. <input type="checkbox"/> Other Tribe _____		
2. <input type="checkbox"/> CCT Descendent _____	5. <input type="checkbox"/> Non-Indian _____		
3. <input type="checkbox"/> CCT Spouse _____			
VETERAN'S PREFERENCE? (For CCT positions only)	Branch of Service	Service Dates	Honorably Discharged?
<input type="checkbox"/> - Yes <input type="checkbox"/> - No		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education Background		
List last high school attended. Beginning with the recent – list all colleges, vocational, and military service schools attended. * Please attach proof of certification from an accredited college for educational verification & educational consideration *		
Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name	Telephone Number
Name & Location of School	Graduate: Yes or No	Major Course
College/University		
College/University		
Vocational/Technical School		
Vocational/Technical School		

Specialized Skills/Training	List any specialized skills that you possess that will enhance your abilities to perform in the following;		
	Skills/Experience	Training	Certificates/Licenses
Accounting			
Budget			
Building Trades/Construction			
Cash Handling			
Child/ Early Childhood Development			
Clerical <i>(Typing/Filing/Phone/Office Equip)</i>			
Computer (I/T)			
Counseling			
Culinary			
Forestry, Wood Products			
Gaming <i>(Be Specific)</i>			
General Labor <i>(Be Specific)</i>			
Health Care			
Heavy Equipment <i>(Be Specific)</i>			
Maintenance <i>(Be Specific)</i>			
Management <i>(Be Specific)</i>			
Retail			
Security			
Supervision <i>(Be Specific)</i>			

Work Experience

List most recent first. Lists only work history relevant to qualifications required for position applying for.
Do not leave any blank areas to avoid disqualification.

Employer Name		Address		Phone:
				()
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:	
Supervisor Name & Title:	Start Wage	End Wage	Eligible For Rehire?	
	\$	\$	<input type="checkbox"/> - YES <input type="checkbox"/> - NO	
Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.				

Employer Name		Address		Phone:
				()
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:	
Supervisor Name & Title:	Start Wage	End Wage	Eligible For Rehire?	
	\$	\$	<input type="checkbox"/> - YES <input type="checkbox"/> - NO	
Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.				

Employer Name		Address		Phone:
				()
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:	
Supervisor Name & Title:	Start Wage	End Wage	Eligible For Rehire?	
	\$	\$	<input type="checkbox"/> - YES <input type="checkbox"/> - NO	
Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.				

Type	License #	State	Issued	Expires
Driver's License				
CDL				
Flagger's Card				

Do you have any of the following Licenses/Permits?

Gaming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bartender	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
Food Handler	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
Legal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	<input type="checkbox"/> - Yes <input type="checkbox"/> - No

Have You Ever Had A License/Bond/Permit Listed Above Revoked or Suspended?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
--	---

If YES, Explain:

Are you bondable?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
--------------------------	--

Criminal History

Have You Ever Been Convicted of a Felony or Misdemeanor?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
---	--

You may be required to disclose the details of a "yes" response. Do you agree to provide this information as a condition of consideration for hire?

- YES - NO

Employee Statement of Accuracy and Authorization To Obtain Background Information

I certify that all of the information given in this application is true, accurate, and complete. I understand any false or misleading information, or incomplete information on this application may result in my not being hired, or my immediate dismissal if I have been hired based upon any false or misleading information that I provided in this application.

I give my consent to the Colville Tribe Employer (Tribes, CTFC, or CTEC) to conduct an investigation into my employment/work history and any pertinent information concerning my employment, criminal, financial and credit histories.

This is my authorization for any of my previous employers to release my employment history with them, including, but not limited to, my performance level, attendance, and disciplinary records. I will hold harmless any previous employer for releasing this information.

Applicant's Signature Affirming Above Statement				Today's Date

Last Name (Print)	First Name	MI	Maiden Name	Are you 18 or older?
				<input type="checkbox"/> - Yes <input type="checkbox"/> - No

For Official Use Only	Topic Requiring Verification	Comments:
	Credit Background Check Verified	
	Criminal Background Clearance Verified	
	Driver's License Verification	
	Drug Test Results Verified	
	Employment History Verified	
	Indian Preference Verified	
	License/Certification Verified	
	Veteran's Preference Verified	
	Education Verified	
	Eligible for Hire <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Other:	