YAKAMA NATION APPLICATION FOR EMPLOYMENT AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Name:				AKA:				D.O.B.:		
Address:	Address:									
City/St./Z	Zip:									
SS No.:	SS No.: Phone: Cell No.:									
Valid WA St. Driver's License? Yes				No If Yes, Please list your No:			Please list yo			
EDUCA	ATIONAL BAC	KGROL	JND							
	11055	Nar	me and Lo	cati	on of	Sch	nool	Major Cou	rsework:	Diploma/Degree:
High School/GED:										
College/University: College/University:										
	ining/Education:									
Othor Fra	g, <u>Ladoanom</u>		**Please	e pro	ovide	e tra	anscrip	ts/certificate	S**	
INDIAN PREFERENCE: The Yakama Nation gives Indian Preference to those individuals who claim Indian preference and provide proof of eligibility at the time of application.										
Tribe: Enrollment No.:										
	I am a spouse of an enrolled member, I am enrolled with another federally recognized tribe:									
Tribe:		Enrollment No.:								
	I am a descend	descendent of an Enrolled Yakama: Please attach family tree or Proof of Letter from Enrollment:								
	Enrolled Memb	olled Members Name: Enrollment No:								
	I am a spouse of an enrolled member and not enrolled with any federally recognized tribe.									
MINOR								Para Para Para	4	
	re under (18) y									Yes No
	RAN'S PREFER proof of eligibilit					on g	gives Ve	teran's Prefere	nce to those	individuals who can
Branch		y at the t	iiilo oi api	pilou				Date (s):		
	Note: DD 2	214 mus	t be atta	che	d wi	th a	applicat	ion to prove	Veterans F	Preference.
SELECTIVE SERVICE: Males born after 12/31/59 who are 18 but not yet 26 years old and wanting employment with the Yakama Nation must be registered with Selective Service. Please provide Selective Service No.:										
REFERENCES: (Attach letters of reference-optional.)										
Name of Reference:				Address					Phone No.:	
MISCEI	I ANEOUS: U	27/0 7/01/	committed	lany	, orim	o th	ot would	provent you fr	om working	for the
MISCELLANEOUS: Have you committed any crime that would prevent you from working for the Yakama Nation? Yes No If yes, please explain (In box below):										
i yes, please explain (in box bolow).										
IMPORTANT!! PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING The information provided in this application is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation and that my employment with the Yakama Nation is at the will of the Yakama Nation. The Yakama Nation is a Drug-Free Work Place and requires PRE-EMPLOYMENT Drug Testing (Chapter 2.9.6, Section (a) of the Yakama Nation Personnel Policy Manual.) I hereby, give full permission for the Yakama Nation to check with my current and previous employers, my references, and to obtain information regarding my driving record. INCLUDING: Education , credit and criminal background checks.										
PLEASE PRINT YOUR FULL NAME:										
SIGNATURE:					DATE:					

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Note to Applicant: Application must be filled	out completely. Do not put REFER TO R	ESUME				
COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$				
	Title:					
	Dates of Employment:					
	Supervisor:					
Duties:						
COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$				
	Title:					
	Dates of Employment:					
	Supervisor:					
Duties:						
COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$				
	Title:					
	Dates of Employment:					
	Supervisor:					
Duties:						
	1	Т.				
COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$				
	Title:					
	Dates of Employment:					
	Supervisor:					
Duties:						
ATTACH ADDITIONAL CULETC ACA	JECTOCADY FOR MORK EVERDIENCE					
	NECESSARY FOR WORK EXPERIENCE	١٨٨٠				
WE MAY CONTACT THE EMPLOYERS LISTED AB Do Not Contact: Reason:	OVE UNLESS YOU INDICATE OTHERWISE (BELO	vv):				
Neuson.						
TO APPLY: Mail or Submit completed application	with required attachments: Proof of Enrollm	ent.				
Drivers License, Social Security Card, and other to:						
Yakama Nation Personnel Office, P.O. Box 151,		xt. 4385				

Applications must be submitted **BEFORE** the Deadline Date in order to be considered for employment!!

Applications are only kept on file for 6 months

YAKAMA NATION APPLICATION FOR EMPLOYMENT AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER SUPPLEMENTAL INFORMATION SHEET

NAME:	DATE:						
Please check applicable qualifications:							
Word Processing	Data Base						
Spreadsheet	Perso	Personal Computer Operation					
Mainframe Operation		Accounting					
Bookkeeping	Typing	Typing: WPM					
Transcribing	10-key		WPM				
Shorthand	Writin	Writing Skill					
Communication Skill	Hand Tools						
Power Hand Tools	Chainsaw Operation						
Management	Supervision						
Heavy Equipment Operation	Bi-Lingual						
Please Specify:	Please Specify:						
WA State Driver's License	Physical Qualifications:						
Combination Endorsement License	Lifting	Long Standi	ng Good Health				
Please Specify:							
Provide Copies of the Following:							
Driver's License	Proof	Proof of Enrollment/Descendent					
Social Security Card	Food	Handler's Perr	nit				
First Aid Card	CPR (CPR Certified					
DD 214 for Veterans Preference							
Certificates/Degree's							
Associate Degree		Bachelor's Degree					
Please Specify:	Please Specify:						
Masters Degree	PHD						
Please Specify:	Please Specify	Please Specify:					
Juris Doctorate		ional Certificat	е				
Please Specify:	Please Specify	/:					
Other information that would be helpful to your employment, please be specific:							