



# Siletz Tribal Business Corporation

2120 NW 44th Street, Suite D  
 Lincoln City, OR 97367  
 (541) 994-2142  
 (541) 994-5142 fax

## Employment Application

### Instructions:

Please complete the entire application. Please print clearly. Be sure to sign and date the application. Attach copies of Diploma's, transcripts and certifications (no originals, please).

How did you hear of this position?

- Employee Referral Name of Employee \_\_\_\_\_  
 Internet  
 Other (specify) \_\_\_\_\_  
 Newspaper \_\_\_\_\_  
 Job Line  
 Employment Department

Position Applying for: \_\_\_\_\_

### 1. Personal Information

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First M.I.

Residence: \_\_\_\_\_  
Street City State Zip Code

Mailing: \_\_\_\_\_  
Street City State Zip Code

Drivers License #: \_\_\_\_\_ Expiration: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Message Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you an enrolled Tribal Member?  Yes  No

If Yes, what Tribe: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_ (attach documentation)

### 2. Education - For education credit - transcripts or diplomas must be provided.

Name/Address	Years Attended	Date Graduated	Degree/ Diploma
High School/ GED			
College:			
College:			
Other:			

Indicate Degrees, Licenses and/or Certifications: \_\_\_\_\_

Clerical Skills: Typing Speed: \_\_\_\_\_ Ten Key: \_\_\_\_\_ Other: \_\_\_\_\_

Computer Software Experience: \_\_\_\_\_

3. Do you want Full time or Part time work? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time # of hours _____	4. Would you accept a temporary position? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you available to work? <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Shift
6. Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. If Required, do you have use of a personal vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	8a. Have you ever been employed by , C.T.S.I., Chinook Winds or S.T.B.C. ? <input type="checkbox"/> Yes <input type="checkbox"/> No
8b. If Yes, under what names? _____		
9a. Are you related to any one currently employed in the department or office for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(This response only considered for placement purposes. STBC will not place relatives in positions, which create subordinate/supervisor relationships.)</small>		
9b. If Yes, please list their name(s), position(s) and relationship (Please attach additional pages if necessary)		
Name	Relationship	Position
10a. Have you ever been convicted, plead guilty or no contest, or forfeited bond or bail for any crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Conviction will not necessarily disqualify from employment)</small>		
10b. If Yes, please explain: _____		

**11. Employment History** - Begin with your most recent employer. A resume will not substitute. Please attach additional copies of this page if necessary.

Name of Employer: _____		Years/Month of Service: _____	
Address (City, State and Zip): _____		Hours Per Week: _____	
		From: _____	To: _____
Supervisor's Name: _____		Phone Number: _____	
Your Title _____		Salary/Wage: _____	
		Reason for Leaving: _____	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties: _____ _____ _____ _____ _____			

Name of Employer: _____		Years/Month of Service: _____	
Address (City, State and Zip): _____		Hours Per Week: _____	
		From: _____	To: _____
Supervisor's Name: _____		Phone Number: _____	
Your Title _____		Salary/Wage: _____	
		Reason for Leaving: _____	
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Duties: _____ _____ _____ _____ _____			

Name of Employer: _____		Years/Month of Service: _____	
Address (City, State and Zip): _____		Hours Per Week: _____	
		From: _____	To: _____
Supervisor's Name: _____		Phone Number: _____	
		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Title _____	Salary/Wage: _____	Reason for Leaving: _____	
Duties: _____			
_____			
_____			
_____			
_____			

Name of Employer: _____		Years/Month of Service: _____	
Address (City, State and Zip): _____		Hours Per Week: _____	
		From: _____	To: _____
Supervisor's Name: _____		Phone Number: _____	
		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Title _____	Salary/Wage: _____	Reason for Leaving: _____	
Duties: _____			
_____			
_____			
_____			
_____			

Name of Employer: _____		Years/Month of Service: _____	
Address (City, State and Zip): _____		Hours Per Week: _____	
		From: _____	To: _____
Supervisor's Name: _____		Phone Number: _____	
		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Title _____	Salary/Wage: _____	Reason for Leaving: _____	
Duties: _____			
_____			
_____			
_____			
_____			

**12. SPECIAL SKILLS AND QUALIFICATIONS** - Summarize special job related skills, qualifications , and certificates acquired from employment, education, or other experiences.

**13. References:** - Give the names, address, and telephone number of three (3) work-related references who are not related to you.

Name	Address	Telephone Number	Nature of Association

**14. APPLICATION STATEMENT:**

My prior employers, education institutions, employment agency and other references listed on this application are authorized to give the Siletz Tribal Business Corporation (STBC) any and all information concerning my previous employment. I release STBC, its officers, agents and employees and my previous and current employers and their officers, agents and employees from any and all liability and from damage that may result from release of such information. I agree to provide any additional forms requested by STBC or my former employers.

STBC provides its employees with a safe and healthy work environment. In order to do so, STBC prohibits the use, possession, sale, purchasing, manufacturing or dispensing of illegal drugs and alcohol beverages in the workplace, or the attempt to do so. This policy covers **all legal or prescription drug** use that may impair employees performing their job duties. To accomplish the purpose of a drug free workplace, STBC has instituted a drug-testing program which will be required when applicant is recommended for hire, probable cause to suspect drug or alcohol use and/or intoxication in the work place or involvement in an on-the-job accident, or on-the-job accident claim.

I understand that any oral and written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from service if discovered after employment.

I understand the Immigration Control Act requires me to prove the legality of my residency or citizenship. I also understand that proof of identity as well as eligibility to work in the United States must be provided by me and copies of such documents will be retained by STBC. I am also aware falsification of these documents or failure to provide such proof at the time of request will be grounds for immediate termination.

I authorize my driving record to be checked and I understand I may be required to show proof of insurance if the position I am applying for requires driving.

I understand and agree to be subjected to a criminal history background check if applicable.

If hired, I agree to comply with all the rules and policies of STBC including its Personnel Manual as well as Tribal Laws set forth by the Confederated Tribes of Siletz Indians.

I understand STBC is an at-will employer, meaning that STBC and the employee may terminate the relationship at any time, for any reason and without notice. STBC's personnel rules apply. Accordingly, the Siletz tribal government's Personnel Manual, STC § 2.800 et. seq., does not apply.

I certify that to the best of my knowledge, all of my statements are true, correct, complete and made in good faith. I further understand that this application is not and is not intended to be a contract of employment nor does this application obligate the employer in any way if the employer decides to employ me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's Date

**KEEP A COPY OF YOUR APPLICATION FOR INTERVIEWS • COPIES WILL NOT BE PROVIDED**

Reserved for Personnel Use