



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 _____ Newspaper _____
- Internet Job Line
- Other (specify) _____ 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: _____

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. or Chinook Winds? <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 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 and any pertinent information they may have.

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.

I authorize my current and previous employers to provide any and all information regarding my employment, and 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 execute any additional forms requested by STBC or my former employers.

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 certify that all statements contained herein are true and complete whether made by me or by others at my request.
- I understand that I must prove that I am authorized to work in the United State if i am hired.
- I authorize the employing agency to verify the employment and education information provided on this employment application.
- I authorize my driving record 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 pre-employment drug screening and a criminal history background check if applicable.
- If hired I agree to conform to all the rules and policies of STBC

Signature of Applicant

Today's Date

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

Reserved for Personnel Use