YUROK TRIBE

190 Klamath Blvd PO BOX 1027 Klamath, California 95548 Phone: (707) 482-1350 Fax: (707) 482-1361

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 #: _____
(Provide copy of enrollment documentation to receive Indian Preference)

☐ Spouse of Yurok member (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

1. 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:
   _____
2. Have you ever been convicted of any crime? (A "Yes" 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:
   _____
3. Have you ever been discharged or forced to resign from any employment?
   ☐ Yes ☐ No If "Yes", please give details:
   _____
4. 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: _____
5. Are you 21 or older? (You must be 21 or older to be insured to operate a government vehicle.) ☐ Yes ☐ No

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 #2: _____ Job Title: _____ Date From: _____

Address: _____ Date To: _____

Supervisor: _____ Salary: _____ Duties: _____

Phone Number: _____ Reason for Leaving: _____ May we contact this employer ☐ Yes ☐ No

Employer #3:_____ 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: _____

TEMPORARY EMPLOYMENT – FOR TERO USE ONLY

TERO provides employment opportunities, but DOES NOT perform hiring

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:_____