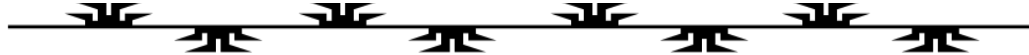


TOLOWA DEE-NI' NATION



12801 Mouth of Smith River Road, Smith River, CA 95567

EMPLOYMENT APPLICATION

Please provide the following:

1. Application for Employment (completed in its entirety) for all positions you are applying for.
2. Proof of Tribal Membership, if claiming American Indian preference.

Proof of Tribal membership must accompany your application to be considered for American Indian preference.

Position Applying For: _____ Today's Date: _____

Where did you hear about this position: _____

Last Name:		First Name:	
Mailing Address:			
City:		State:	Zip:
Cell Phone:		Home Phone:	
Email Address:		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify that I am a U.S. citizen, permanent resident or a Foreign National with authorization to work in the United States. Yes No

Are you an enrolled member of a federally recognized tribe? Yes No

Tribe: _____ **Did you provide a copy? Yes No**

Are you requesting TERO preference? Yes No

Are you related to any current TDN government or enterprise employee(s) (L7, Fuel Mart, etc.)? Yes No

List name(s) and department(s) of relative(s) currently employed at the Tolowa Dee-ni' Nation

Name	Relationship	Department

Are you over 18 years of age? Yes No

Can you travel if the job requires it? (Travel can be overnight or for an extended period.) Yes No

Do you have a valid driver's license? (A current motor vehicle report may be required if driving is necessary for the position for which you are applying.) Yes No

EDUCATION INFORMATION

	School Name & Address	Years	Graduate	Degree
High School				
College/Vocational				
College/Vocational				

EMPLOYMENT HISTORY

Do Not Indicate "See Resume"

Employer Name:	Dates Employed:
Position Title:	Supervisor Name:
Employer Address:	Telephone #:
	Employer Email:
Reason For Leaving:	May we contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties:	
Employer Name:	Dates Employed:
Position Title:	Supervisor Name:
Employer Address:	Telephone #:
	Employer Email:
Reason For Leaving:	May we contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties:	
Employer Name:	Dates Employed:
Position Title:	Supervisor Name:
Employer Address:	Telephone #:
	Employer Email:
Reason For Leaving:	May we contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties:	
Employer Name:	Dates Employed:
Position Title:	Supervisor Name:
Employer Address:	Telephone #:
	Email:
Reason For Leaving:	May we contact this employer: Yes <input type="checkbox"/> No <input type="checkbox"/>
Duties:	

PERSONAL REFERENCES

List three references you are not related to.

Name/Title:	Business Name:	Known for how long?
City/Town:	Telephone:	Email:
Name/Title:	Business Name:	Known for how long?
City/Town:	Telephone:	Email:
Name/Title:	Business Name:	Known for how long?
City/Town:	Telephone:	Email:

EQUAL EMPLOYMENT OPPORTUNITY/INDIAN PREFERENCE

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodations on the application and/or during the interview process should notify the Human Resources Department immediately.

In accordance with the Tolowa Dee-ni' Nation Employee Handbook, priority in the selection process will be given to qualified applicants who present proof of eligibility for Indian Preference. To the extent of the law and in accordance with Public Law 93-638 (The Indian Self-Determination and Education Assistance Act of 1975, as amended), the Tolowa Dee-ni' Nation offers a preference in hiring to applicants of federally recognized American Indian status.

BACKGROUND CHECKS/INVESTIGATIONS

Tolowa Dee-ni' Nation reserves the right to use any method of investigation which, in its sole discretion it deems reasonable and necessary to determine whether any employee is suitable for employment with Tolowa Dee-ni' Nation. These investigations may include previous work history, references, character checks, department of motor vehicle and credit background checks if applicable. By signing this application, you agree that as a condition of employment, if hired, to cooperate in any such investigation. As a condition of employment, you agree to voluntarily cooperate in consenting and submitting any urine, blood or hair test requested by Tolowa Dee-ni' Nation, to enforce its alcohol and drug policy. You agree to recognize that any refusal to cooperate in such tests will be grounds to terminate any offer of employment.

CONFIDENTIALITY OF INFORMATION

Tolowa Dee-ni' Nation makes every effort to assure protection of any personal information provided on employment documents.

I declare that under penalty of perjury that the facts contained in this application, resume or other submitted documents are true to the best of my knowledge. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and is justification for my dismissal from employment if discovered at a later date.

Last Name (Please Print)	First Name (Please Print)	MI
Signature		Date