



Confederated Tribes of Siletz Indians of Oregon

P.O. Box 549 · Siletz, OR 97380

Email: hrdepartment@ctsi.nsn.us

Telephone: 1-800-922-1399 · Fax: (541) 444-8375

Employment Application

Instructions:

PLEASE PRINT CLEARLY. Please complete the entire application. Be sure to sign and date the application. Attach copies of Diplomas, transcripts and certifications. No original documents, please.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Position Desired: Temp Pool Date Available: _____

Salary Desired \$ _____ per: (check one) Hour Week Month Year _____

Ever Applied Here Before: Yes No If yes, when? _____

Ever work here before? Yes No If yes, give dates, position and supervisor's name: _____

How did you hear of this position?

Employee Referral (name of employee) _____ Newspaper _____

Internet(non-CTSI) CTSI Website

Other (specify) _____ OR Employment Department

1. PERSONAL INFORMATION

Name: _____ Social Security Number: _____
Last First M.I. Only Last 4 digits of SS

Mailing : _____
Street City State/Zip Code

Residence: _____
(if different) Street City State/Zip Code

Telephone Number: _____ Driver's License #: _____ Expiration: _____ State Issued: _____

E-mail Address: _____

Preferred method of contact: E-mail or US Mail

Are you an enrolled Tribal Member? Yes No If Yes, what Tribe: _____

Enrollment Number: _____ (attach documentation)

Ever Serve in the U.S. Military YES NO If yes, please complete information below

Branch of Military	Dates of Service	Rank at Discharge

2. EDUCATION – For education credit – transcripts or diplomas must be provided:

Name/Address	Field of Study	Date Graduated	Degree/ Diploma
High School/ GED	General Education		
College:			
College:			
Other			

Degree received in: _____

Diplomas, Certifications received: _____

Clerical Skills: Typing Speed: _____ Ten Key: _____

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 personal vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	8a. Have you ever been employed by C.T.S.I., Chinook Winds or any other Tribal Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No
8b. If yes, what organization and under what name(s):		
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 (This response only considered for placement purposes. CTSI will not place relatives in positions, which create subordinate/supervisory relationships.)		
9b. If yes, please list their name(s), position(s) and relationship (Please attach additional pages if necessary)		
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 (conviction will not necessarily disqualify an applicant from employment)		
10b. If yes, please explain: (Please attach additional pages if necessary)		

10c. Have you ever been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? <input type="checkbox"/> Yes <input type="checkbox"/> NO
10d. If yes, what was disposition of the arrest or charge?

11. EMPLOYMENT HISTORY – Begin with your most current employer. Please attach additional copies of this page if necessary. A resume will <u>not</u> be accepted in place of a completed application.		
Name of Employer:	Length of Service: _____ Hours Per Week: _____	
Address, City, State and Zip:	From: _____ To: _____ Month/Year Month/Year	
Supervisor's Name and Telephone 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:	Length of Service: _____ Hours Per Week: _____	
Address:	From: _____ To: _____ Month/Year Month/Year	
Supervisor's Name and Telephone Number:		
Your Title:	Salary/Wage:	Reason for Leaving:
Duties: _____ _____ _____ _____ _____		

Name of Employer:		Length of Service: _____ Hours Per Week: _____
Address, City, State and Zip:		From: _____ To: _____ Month/Year Month/Year
Supervisor's Name and Telephone Number:		
Your Title:	Salary/Wage:	Reason for Leaving:
Duties: _____ _____ _____ _____ _____		
Name of Employer:		Length of Service: _____ Hours Per Week: _____
Address, City, State and Zip:		From: _____ To: _____ Month/Year Month/Year
Supervisor's Name and Telephone Number:		
Your Title:	Salary/Wage:	Reason for Leaving:
Duties: _____ _____ _____ _____ _____		
Name of Employer:		Length of Service: _____ Hours Per Week: _____
Address, City, State and Zip:		From: _____ To: _____ Month/Year Month/Year
Supervisor's Name and Telephone Number:		
Your Title:	Salary/Wage:	Reason for Leaving:
Duties: _____ _____ _____ _____ _____		

Name of Employer:			Length of Service: _____ Hours Per Week: _____	
Address, City, State and Zip:			From: _____ To: _____ Month/Year Month/Year	
Supervisor's Name and Telephone Number:				
Your Title:	Salary/Wage:	Reason for Leaving:		
Duties:				

ATTACHED ADDITIONAL PAGES IF NECESSARY

12. SPECIAL SKILLS AND QUALIFICATION – Summarize special job related skills, qualification, and certificates acquired from employment, education, or other experience.

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

Name	Address, City, State & Zip	Telephone Number	Nature of Association
Name	Address, City, State & Zip	Telephone Number	Nature of Association
Name	Address, City, State & Zip	Telephone Number	Nature of Association

13. APPLICATION STATEMENT:

My prior employers, education institutions and other references listed on this application are authorized to give the Confederated Tribes of Siletz Indians of Oregon (CTSI) 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 CTSI, its officers, agents and employees and my previous and current employers and their officers, agents, and employees from any and all liability and from any damage that may result from the release of such information. I agree to execute any additional forms requested by CTSI or my former employers.

I understand that any oral or 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 under the penalty of perjury that all statements contained herein are true and complete
- I understand that I must prove that I am authorized to work in the United States if I am hired.
- I authorize the employing agency to verify the employment and education information provided on this employment application.
- I agree to supply a three-year driving record at my cost and I understand I may be required to show proof of automobile insurance if the position I am applying for requires driving of any GSA or Tribal vehicle.
- I agree to undergo pre-employment drug screening. If hired, I understand that continued compliance with all CTSI's rules and policies, including CTSI's Drug Free Workplace policy, is a condition of Employment.
- I consent to a criminal background check. In addition, I understand that if the position I am applying for involves regular contact with, control over, Indian children, federal law requires an investigation into whether I meet minimum standards of character and I may be asked to execute any additional releases to make that inquiry.

Signature of Applicant

Today's Date

Electronically transmitted applications must be signed or electronically signed to be processed.

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