

# HOOPA VALLEY TRIBE

## HUMAN RESOURCES

P.O. BOX 218 HOOPA, CALIFORNIA 95546

PHONE NUMBER (530) 625-9200 FAX (530) 625-4269



POSITION APPLIED FOR \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

SALARY DESIRED \_\_\_\_\_

Is the position you are applying for in the Child Care Field? If yes, please complete the supplemental Questionnaire. If no, skip to next section.

Yes  No

Name	Last	First	Middle	Social Security Number
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Present Mailing Address	P.O. Box	City	State	Zip	Phone Number
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In Case of Emergency Notify \_\_\_\_\_

Have you ever applied for work With the Hoopa Valley Tribe before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Give Dates and Departments
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Are You Under 18?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is Indian Preference Requested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Available for Employment
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<b>Past Employment History</b>	PLEASE LIST YOUR EMPLOYERS, STARTING WITH YOUR MOST RECENT POSITION CONTINUE ON SEPARATE SHEET IF NECESSARY-ATTACH RESUME IF REQUIRED
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From Month Year	To Month Year	NAME AND ADDRESS OF COMPANY	TELEPHONE	PRIMARY DUTY PERFORMED
		IMMEDIATE SUPERVISOR	REASON FOR LEAVING	
From Month Year	To Month Year	NAME AND ADDRESS OF COMPANY	TELEPHONE	PRIMARY DUTY PERFORMED
		IMMEDIATE SUPERVISOR	REASON FOR LEAVING	
From Month Year	To Month Year	NAME AND ADDRESS OF COMPANY	TELEPHONE	PRIMARY DUTY PERFORMED
		IMMEDIATE SUPERVISOR	REASON FOR LEAVING	

### LIST THREE REFERENCES

NAME	COMPANY NAME	MAILING ADDRESS	TELEPHONE AREA CODE ( )	YEARS KNOWN
TITLE/POSITION	TYPE OF BUSINESS		NUMBER	
NAME	COMPANY NAME	MAILING ADDRESS	TELEPHONE AREA CODE ( )	YEARS KNOWN
TITLE/POSITION	TYPE OF BUSINESS		NUMBER	
NAME	COMPANY NAME	MAILING ADDRESS	TELEPHONE AREA CODE ( )	YEARS KNOWN
TITLE/POSITION	TYPE OF BUSINESS		NUMBER	

Please Indicate Your Education and Training Background

KIND OF SCHOOL	NAME OF SCHOOL	LOCATION	DATE STARTED	DATE LEFT	DATE GRADUATED	COURSES TAKEN
HIGH SCHOOL						
COLLEGE						
OTHER TRAINING						

Are there other Experiences, Skills or Qualifications, which you feel would especially suit you for work with the Hoopa Valley Tribe?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VALID CA DRIVERS LICENSE	YES NO	LICENSE # _____ OTHER _____	LIST ENDORSEMENTS
CLASS	A    B    C	STATE	
LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.	YES NO	WILL ACCEPT	FULL-TIME REGULAR EMPLOYMENT      PART-TIME TEMPORARY EMPLOYMENT

**PLEASE READ THIS CAREFULLY BEFORE SIGNING.**  
 Your application will be given every consideration, but our receipt of it does not guarantee that you will be employed. Indian preference will be given consistent with the Tribal TERO Ordinance and the Indian Self Determination, Education and Assistance Act. The Hoopa Valley Tribal Council is an equal employment opportunity employer and considers all applicants on the basis of job qualification and without regard to race, color religions, sex, national origin, age, disability or genetics.

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge. I hereby grant permission to the Hoopa Valley Tribal Council and its personnel to confirm by personal inquiry or otherwise, the information I have given in the employment process. I understand that any willful misrepresentation of facts given in this process is grounds for rejection of the application or dismissal of employed. I release all persons connected with any requests for information from all claims, liability, and damages for whatever reason arising out of furnishing the information. I understand that if hired, such employment is conditioned upon a favorable pre-employment evaluation.

**I hereby acknowledge that I have read and understand the above statement.**

**We appreciate your interest and the time you have taken to prepare this application. Thank You.**

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

DO NOT WRITE BELOW THIS LINE

<u>DATE OF INTERVIEW</u>	<u>ATTENDED INTERVIEW</u>		<u>EXCUSED ABSENCE</u>	
_____	YES	NO	YES	NO
_____	YES	NO	YES	NO
_____	YES	NO	YES	NO

