



**IV. Driver's License** (if required by position)

<b>State:</b>	<b>License #:</b>	<b>Expiration Date:</b>	<b>Restrictions:</b>
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Mark all that applies:  CDL  Occupational or provisional

The Colville Tribes will run a Driver's License check with various agencies to verify validity of license and for insurance purposes.

**V. List Training and certificates you have in the following Categories as it related to this application only**

OCCUPATION	Training	Certificates, license received
<b>Forestry</b>		
<b>Building Trades</b>		
<b>Clerical</b>		
<b>Computer</b>		
<b>Construction/Labor</b>		
<b>Professional</b>		
<b>Health Care</b>		
<b>Child Care/Child Development</b>		
<b>Other</b> _____ _____		





**VII. UNDERSTANDING AND AGREEMENT**

TO DETERMINE MY QUALIFICATIONS FOR EMPLOYMENT WITH THE CONFEDERATED TRIBES OF THE COLVILLE RESERVATION, I AUTHORIZE THE COLVILLE TRIBES TO CONDUCT A REVIEW AND INVESTIGATION OF MY APPLICATION AND INFORMATION I PROVIDED. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION FURNISHED OR OMITTED BY ME IN CONJUNCTION WITH THIS APPLICATION MAY RESULT IN REJECTION OF THE APPLICATION. IF I AM CURRENTLY EMPLOYED BY THE COLVILLE TRIBES, SUCH MISLEADING, FALSE OR OMITTED INFORMATION MAY RESULT IN TERMINATION OF EMPLOYMENT. I ALSO UNDERSTAND THE FAILURE TO PASS ANY REQUIRED CRIMINAL BACKGROUND OR HEALTH CLEARANCE MAY DISQUALIFY ME FROM EMPLOYMENT CONSIDERATION.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant Signature Date

For HR Office Use Only:	
<input type="checkbox"/> Driver License Verification _____	
<input type="checkbox"/> Tribal Insurance Verification _____	
<input type="checkbox"/> Criminal Background Clearance Verification _____	
<input type="checkbox"/> Health Clearance Verification _____	
<input type="checkbox"/> License/Certification Verification _____	
<input type="checkbox"/> Other _____	
Eligible for Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	