



Confederated Tribes of the Colville Reservation – Human Resources

Assistance to filling out a Tribal
Employment Application

Application – Page 1

CONFEDERATED TRIBES OF THE COLVILLE RESERVATION

PERSONNEL OFFICE POB 60 NESPELEM WA 99655

JOB APPLICATION FORM

THE CONFEDERATED TRIBES IS A TRIBAL AND INDIAN PREFERENCE EMPLOYER

POSITION APPLYING FOR		DATE	
NAME (LAST, FIRST, MI)		SOCIAL SECURITY NO.	
ADDRESS (STREET, CITY, STATE, ZIP)			
HOME PHONE	WORK PHONE	ALTERNATE CONTACT	
TRIBAL AFFILIATION	ENROLLMENT NO.	IF NOT ENROLLED, CHECK ONE: _____ DESCENDANT _____ SPOUSE _____ NON-INDIAN	
TRIBAL AGENCY (NAME, STREET, CITY, STATE, ZIP)			
UNION MEMBERSHIP YES _____ NO _____	NAME	LOCAL NO.	
VETERAN	VETERAN/OTHER ELIGIBLE	MILITARY SERVICE MO/DA/YR	BRANCH OF SERVICE (CIRCLE ONE)
_____ Y _____ N	_____ VIETNAM ERA _____ OTHER VET _____ ELIGIBLE PERSON _____ PERS GULF	DATE ENTERED DATE RELEASED	ARMY NAVY AIR FORCE MARINE COAST GUARD NOAA
ARE YOU DISABLED AS DEFINED IN SECTION 504 OF THE REHABILITATION ACT OF 1973? _____ NO _____ DISABLED _____ DNA		DISABLED - SERVICE CONNECTED _____ DISABLED VET _____ SPECIAL DISABLED VET	HONORABLY DISCHARGED? _____ YES _____ NO
EDUCATION AND TRAINING			
HIGH SCHOOL/ GED (NAME, STREET, CITY, STATE, ZIP)			
MAJOR SUBJECTS	FROM (MO/DA/YR)	TO (MO/DA/YR)	DIPLOMA/ GED _____ YES _____ NO
COLLEGE (NAME, STREET, CITY, STATE, ZIP)			
MAJOR SUBJECTS	FROM (MO/DA/YR)	TO (MO/DA/YR)	DEGREE (IF YES, TYPE)
OTHER - VOCATIONAL/ OJT/ COLLEGE/ TECHNICAL, MILITARY SERVICE (NAME, STREET, CITY, STATE, ZIP)			

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POSITION APPLYING FOR

DATE

- Line 1 – Clearly identify the position you are applying for, job announcement number, and date you turned your application in
- This is very important so that you do not miss any deadlines

NAME

(LAST, FIRST, MI)

SOCIAL SECURITY NO.

- Line 2 – Name and Social Security Number, if printing please write legibly

ADDRESS

(STREET, CITY, STATE, ZIP)

- Line 3 – The Address line means your current mailing address as all correspondence regarding the hiring process is done by mail

Basic Information

HOME PHONE	WORK PHONE	ALTERNATE CONTACT
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- Line 4 – list your Home Phone, Work Phone, or an Alternate Contact such as cell number or a family member/ friend we can leave a message with

TRIBAL AFFILIATION	ENROLLMENT NO	IF NOT ENROLLED, CHECK ONE: ___ DESCENDANT ___ SPOUSE ___ NON-INDIAN
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- Line 5 - Please indicate whether you are a Colville Tribal member, descendent of a Colville Tribal member, spouse/legal guardian of a Colville Tribal member, member of another federally recognized tribe or a non-member. Tribal preference will be given in the selection process

TRIBAL AGENCY (NAME, STREET, CITY, STATE, ZIP)

- Line 6 – Indicate Tribal Agency and mailing address if claiming Indian preference

Union Membership & Veteran's Preference

UNION MEMBERSHIP	NAME	LOCAL NO.
_____ YES _____ NO		

- Line 7 – Indicate your union membership #, the name of the union, and the Local no., if you are not sure contact your union

VETERAN	VETERAN/OTHER ELIGIBLE	MILITARY SERVICE MO/DA	BRANCH OF SERVICE (CIRCLE ONE)
_____ Y _____ N	_____ VIETNAM ERA _____ OTHER _____ ELIGIBLE PERSON _____ PERS G	DATE ENTERED	ARMY NAVY AIR FORCE MARINE
		DATE RELEASED	COAST GUARD NOAA
ARE YOU DISABLED AS DEFINED IN SECTION 504 OF THE REHABILITATION ACT OF 1973?		DISABLED - SERVICE CONNECTED	HONORABLY DISCHARGED?
_____ NO _____ DISABLED _____ DNA		_____ DISABLED VET _____ SPECIAL DISABLED VET	_____ YES _____ NO

- Line 8 – You will only use this section if you are claiming Veteran's preference. You must indicate what era, the date entered and date released, the branch you served, whether or not a disability applies, and whether or not you were honorably discharged
- Veteran's Preference will be given to honorably discharged veteran's meeting the minimum qualifications within each preference code

Education & Training

HIGH SCHOOL/GED

(NAME, STREET, CITY, STATE, ZIP)

MAJOR SUBJECTS	FROM (MO/DA/YR)	TO (MO/DA/YR)	DIPLOMA/GED _____YES_____
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- It is very important to identify whether or not you have a High School Diploma or Equivalent as it is a minimum requirement for MOST positions within the Tribe

COLLEGE

(NAME, STREET, CITY, STATE, ZIP)

MAJOR SUBJECTS	FROM (MO/DA/YR)	TO (MO/DA/YR)	DEGREE (IF YES, TYPE)
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- If you have a degree or credits towards a degree and would like it counted as education/experience you MUST clearly identify the dates you attended and any credits received towards that degree

Additional Training

OTHER - VOCATIONAL/OJT/COLLEGE/TECHNICAL, MILITARY SERVICE			
(NAME, STREET, CITY, STATE, ZIP)			
MAJOR SUBJECTS	FROM	TO	DEGREE
	(MO/DA/YR)	(MO/DA/YR)	(IF YES, TYPE)
OTHER - VOCATIONAL/OJT/COLLEGE/TECHNICAL, MILITARY SERVICE			
(NAME, STREET, CITY, STATE, ZIP)			
MAJOR SUBJECTS	FROM	TO	DEGREE
	(MO/DA/YR)	(MO/DA/YR)	(IF YES, TYPE)

- Indicate whether you have received any Vocational, College, Technical, Military, or On-the-job training
- this can count toward your education and/or experience, but only if you give all of the required information: start/stop dates (if you do not list in the order requested (MO/DA/YR) it will be considered incomplete and will not count towards education/experience)

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VALID WA. STATE DRIVERS LICENSE?	LICENSE NO.	EXPIRATION DATE
_____ YES _____ NO		

- It is very important to indicate whether or not you possess a valid State Driver's license, identify the license number, and list date of expiration.
- If you possess an out-of-State License, please list with your Date of Birth.
- A majority of positions require that you possess a valid State Driver's license and are eligible for the Tribe's point-based insurance system
- Applicant's not possessing a license or being eligible for the Tribe's insurance will be screened when it's a requirement of the position

Certifications

DO YOU HAVE A VALID CDL? _____ YES _____ NO	FLAGGING CARD? _____ YES _____ NO	OTHER (PLEASE SPECIFY) _____ YES _____ NO
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- If you possess a valid CDL; Flagging Card, or other certification please indicate yes or no and what type
- When temporary positions become available requiring such certification you may be considered as these types of positions are harder to fill

DO YOU HAVE YOUR OWN TOOLS? _____ YES _____ NO	SPECIFY:
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- If you possess your own tools please specify in the space provided

WILL YOU SUBMIT TO A PHYSICAL IF REQUIRED? _____ YES _____ NO	
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- Some positions require that you have the ability to lift, bend, kneel, stoop, or sit for long periods of time. Answer yes or no to taking a physical if needed

Trades

DO YOU HAVE AN IMMEDIATE RELATIVE EMPLOYED IN THE DEPARTMENT YOU ARE APPLYING FOR

NAME	RELATIONSHIP	TITLE
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- If you have an immediate relative in the department you are applying for please indicate yes or no and identify who that person is
- This alleviates any conflict that may arise in the hiring process

HEAVY EQUIPMENT OPERATOR

- List any experience operating heavy machinery whether personal or work related
- Identify the machinery or explain your duties related to the operation

BUILDING TRADES

- List any Building Trades: Drywall, Electrical, Plumbing, Gardening, or house repair of any type

FORESTRY

- All experience or personal knowledge of Timber stands, sales, bid process, GPS, Fire Qualifications, Tree Species identification

Trades, continued

LABORER

- List any work that required physical labor: fencing, maintenance, handyman, woodcutting, etc.

CLERICAL

- List any office related experience: multi-line telephone systems, personal computer, copier, facsimile, computer programs (Microsoft Word, Excel, Access, Outlook, Quik books, AS400)
- Please indicate what your typing speed is WPM and shorthand
- Tests administered through Human Resources and are kept on file for up to 6 months

PROFESSIONAL

- List any professional experience gained throughout employment history, accredited degrees, training, etc.

Trades, continued

CONSTRUCTION

- List any experience working with construction: flagging, paving, equipment operating, hand carrying, building, etc.

CULINARY

- List any work experience or personal knowledge preparing or serving food: beverage server, deli line worker, cook, assistant cook, etc.
- Indicate whether or not you possess a current Food Handlers Card

OTHER

- Work experience or personal knowledge not listed that may verify education and experience required for position applying for

IT'S ALWAYS BETTER TO LIST SOMETHING RATHER THAN NOTHING AT ALL!

Work Experience

EMPLOYER NAME

ADDRESS

(STREET, CITY, STATE, ZIP, PHONE NO.)

- Employer Name: indicate who you worked for (ex: Confederated Tribes of the Colville Reservation – Human Resources)
- Write the mailing address and contact number for employer listed

START DATE

END DATE

FINAL PAY

REASON FOR LEAVING

- Start Date and End Date: These are very key when determining a persons total education and experience.
- List dates: MO/DA/YR
- Final Pay: hourly rate or annual rate
- Reason for Leaving: Resignation, accepted another position, relocation, etc.

Work Exp, Cont'd

JOB TITLE	SUPERVISOR (LAST, FIRST, MI)	TITLE	CONTACT? YES/N

- Job Title: (ex: Office Assistant III), this is also a very important element utilized in the screening process
- List your Supervisor and his/her title
- Please indicate whether or not you would like HR or program conducting review to contact the supervisor listed

DESCRIPTION OF WORK

- This is where you list your job duties and functions of the position
- Make sure to include important elements from the job of interest to ensure you have provided sufficient information to meet the minimum requirements of the position (**bulleted items off job announcement**)
- Repeat this process for each position held
- You may also include voluntary experience or personal knowledge

Professional References

REFERENCE (LAST, FIRST, MI)	PHONE NUMBER (AREA CODE, PHONE NUMBER)
	()
ADDRESS (STREET, CITY, STATE, ZIP)	

- List 3 professional references that may be contacted in the event that a reference check is performed
- Identify individuals who can provide positive feedback from previous work experience or encounters
- Name; Address; and contact information

APPLICANT SIGNATURE	DATE

- Sign and date application
- Turn into Human Resources or mail to: Confederated Tribes of the Colville Reservation – Human Resources, P.O. Box 150, Nespalem, WA 99155

Thank you!