



APPLICATION FOR EMPLOYMENT
and PERSONAL & CRIMINAL HISTORY STATEMENT

<p align="center"><u>Work Site(s) Preferred</u></p> <p> <input type="checkbox"/> MBC <input type="checkbox"/> CTEC <input type="checkbox"/> CTSC <input type="checkbox"/> CIPP <input type="checkbox"/> RBR <input type="checkbox"/> OBC <input type="checkbox"/> CTRC <input type="checkbox"/> CTL <input type="checkbox"/> CIPV <input type="checkbox"/> Other: _____ <input type="checkbox"/> CDC <input type="checkbox"/> RRE <input type="checkbox"/> Credit <input type="checkbox"/> Stores </p>	<p>Date Stamp - Personnel Dept</p> <p align="right">Revised 03/06</p>
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Colville Tribal Enterprises Corporation and its enterprises are Indian Preference employers as authorized by the Confederated Tribes of the Colville Reservation.

PLEASE READ: In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. of seq. The purpose of the requested information is to determine the eligibility of individuals to be employed by the Colville Tribal Enterprise Corporation, or one of its entities. The information will be used by the Colville Tribal Enterprises in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, Local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regular investigations or prosecutions or when pursuant to a requirement by the Colville Tribe in connection with the hiring of an employee. Failure to consent to the disclosures indicated in the notice will result in the Colville Tribe, or its entities, inability to hire you, or for terminating you after you begin work. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a valid SSN may result in errors in processing your application. All applicants are required to provide appropriate documentation that verifies their eligibility for employment (I-9). Failure to provide these documents will result in the applicant not being permitted to work or be employed.

Please Note

APPLICATIONS WILL NOT BE CONSIDERED IF APPLICATION IS INCOMPLETE.

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.

Last Name	First Name	M.I.	Today's Date
Are you known by any other names? List:		Tribal Affiliation (Check One)	
		<input type="checkbox"/> - CCT <input type="checkbox"/> - Desc <input type="checkbox"/> - Spouse <input type="checkbox"/> - Other Tribe _____ <input type="checkbox"/> - Non-Indian	
Present Mailing Address			Telephone Number
Mailing Address			Home ()
City	State	ZIP	Message ()
POSITION APPLYING FOR AT THIS TIME			
Applicant must submit a letter of interest to have this application re-considered for additional or subsequent openings at later dates. Be advised, applications will be kept on file for six months and then destroyed			
(Please be specific with job title applied for)			
An interview may be required of the applicant as part of the qualification process.			
When are you available to be interviewed?	Days:	Times:	
Do you agree to take any necessary testing to verify your eligibility for the position for which you are applying?			YES NO

Education/Training	Please complete the following regarding your Education and Training:		
High School (GED) Name:			
Address			
City	State	ZIP	
Major Subjects			Diploma/GED? <input type="checkbox"/> - YES <input type="checkbox"/> - NO
College Name:			
Address			
City	State	ZIP	
Major Subjects			Degree (if Yes, identify)
Other - Vocational/OJT/College/Technical/Military Service Training, Etc. Name:			
Address			
City	State	ZIP	
Major Subjects			Degree/Certificate (Identify)
Other - Vocational/OJT/College/Technical/Military Service Training, Etc. Name:			
Address			
City	State	ZIP	
Major Subjects			Degree/Certificate (Identify)
Any other Training, Workshops, Seminars:			
Do You Possess A Valid Washington State Driver's License? <input type="checkbox"/> - YES <input type="checkbox"/> - NO			Lic. #
Do You Have a Valid CDL? <input type="checkbox"/> - YES <input type="checkbox"/> - NO			Exp. Date
Do You Have a Valid CDL? <input type="checkbox"/> - YES <input type="checkbox"/> - NO			Flagging Card? <input type="checkbox"/> - YES <input type="checkbox"/> - NO
Other: <input type="checkbox"/> - YES <input type="checkbox"/> - NO (Please Specify):			
Do You Have Your Own Tools? <input type="checkbox"/> - YES <input type="checkbox"/> - NO			Specify Which You Have:
Will You Submit To A Physical if Required? <input type="checkbox"/> - YES <input type="checkbox"/> - NO			
Do You Have An Immediate Relative Employed In the Department to Which You Are Applying? <input type="checkbox"/> - YES <input type="checkbox"/> - NO			
Name (Please Print)		Relationship	Title
Did you know that an incomplete application will not be considered for ANY position? Make certain that you fill in ALL of the blanks in this ENTIRE application form.			

Specialized Skills & Training	Indicate below any experience or training that you may have in any of these listed categories	
Banking	Security	Wood Products - <i>Harvesting</i>
Retail	Recreation	Wood Products - <i>Production</i>
Gaming (Be Specific)	Supervision	Management
Construction	Culinary	Clerical
	Food Card <input type="checkbox"/> -YES <input type="checkbox"/> -NO	Typing: _____ WPM
		Shorthand: _____ WPM
		Computer:
		Programs:
Laborer	Heavy Equipment Operator	Other

Work History (Past 10 Years)

Please complete the following regarding your employment history for the last ten (10) years. Begin with your current, or most current employer. Be sure to list any self-employment, unemployment and school attendance periods. Separate sheets may be used, if needed.

Employer Name		Telephone #		Position	
Can We Contact this Person? <input type="checkbox"/> - YES <input type="checkbox"/> - NO		Are You Eligible for Rehire? <input type="checkbox"/> - YES <input type="checkbox"/> - NO			
Start Date	End Date	Final Pay		Reason for Leaving:	
Address					
City		State	ZIP		
Description of Duties:					
Employer Name		Telephone #		Position	
Can We Contact this Person? <input type="checkbox"/> - YES <input type="checkbox"/> - NO		Are You Eligible for Rehire? <input type="checkbox"/> - YES <input type="checkbox"/> - NO			
Start Date	End Date	Final Pay		Reason for Leaving:	
Address					
City		State	ZIP		
Description of Duties:					
Employer Name		Telephone #		Position	
Can We Contact this Person? <input type="checkbox"/> - YES <input type="checkbox"/> - NO		Are You Eligible for Rehire? <input type="checkbox"/> - YES <input type="checkbox"/> - NO			
Start Date	End Date	Final Pay		Reason for Leaving:	
Address					
City		State	ZIP		
Description of Duties:					
List periods of unemployment of 30 days or more and explain each period:					

Are you claiming Indian Preference? (Check One & complete below) <input type="checkbox"/> - YES <input type="checkbox"/> - NO					
<input type="checkbox"/> Enrolled Member of the Colville Tribe		Name of Tribe			
<input type="checkbox"/> Local Indian (Must reside within 35 miles of Colville Reservation, not including Spokane Reservation or Canada)		Address			
<input type="checkbox"/> Non-Local Indian (An enrolled member of a federally-recognized Tribe of the United States. Does not include members of Canadian Tribes.)					
		Agency Tel #			
		Enrollment #			
<i>Did you know:</i> Persons claiming Indian Preference <u>must</u> submit documentation of enrollment <u>before</u> preference can be granted. Indian Preference does not include Canadian Tribes, Descendants, spouses, or persons in the process of applying for membership into a Federally-recognized Tribe of the United States.					
Have you ever been bonded? <input type="checkbox"/> - YES <input type="checkbox"/> - NO					
Bonding Company		Jobs Bonded For		Dates	
List below any licenses that have ever held in this State or any other State:					
Type	License #	Business Name	State	From	To
Gaming					
Food Handler					
Sales					
Other					
Have you ever had a license listed above revoked? (Check One) <input type="checkbox"/> - YES <input type="checkbox"/> - NO					
If Yes, explain:					
List the names, current address and telephone numbers of three references that you authorize us to contact to obtain a reference for you.					
Name (Please Print)	Address	County	State	Telephone	

Criminal History Use additional pages if needed for explanation	Failure to provide accurate information, or listing misleading information, can result in removal of candidate's name from eligibility list or immediate termination if candidate has been hired after giving fraudulent information.
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Have you ever been convicted of a felony? - YES - NO

Do you have any criminal action pending against you? - YES - NO

If YES to either question above, explain each charge carefully:

Date Charged	Charge	City	County	State	Tribe	Disposition & Date

Are you now being, or have you ever been, prosecuted or convicted of a misdemeanor (excluding traffic violations) within the past 10 years? - YES - NO

Are you now, or have you ever been, charged with a crime (excluding minor traffic) within the past ten (10) years that is not otherwise listed on this application? - YES - NO

If YES to either question above, explain each charge carefully:

Date Charged	Charge	City	County	State	Tribe	Disposition & Date

CTEC Drug Testing Policy

Colville Tribal Enterprise Corporation is a drug-free work environment. Current company policy requires initial and random drug testing of all its employees as a condition of employment.

Would you be willing to take a urine analysis test as a condition of employment? - YES - NO

Would you be willing to participate in a random drug testing program as a condition of employment? - YES - NO

Employee Statement of Accuracy and Authorization to Obtain Background Information

I certify that all of the statements made in this document are true, accurate, and complete.

I understand that any false or misleading statements, or incomplete information on this *Application and Personal & Criminal History Statement* may result in my not being hired, or in my immediate dismissal if I have been hired based upon the information that I provided in this application.

I further consent to the release of previous employment and other pertinent information concerning my employment, personal, and criminal history which I have listed on the *Application and Personal & Criminal History Statement* to the CTEC Enterprise for which I am seeking employment.

This is my authorization to my previous employers to release my employment history with them to the requesting CTEC Enterprise.

Applicant's Signature affirming above statement			Today's Date	Social Security Number
Last Name (Please Print)	First Name	MI	Maiden Name	Date of Birth