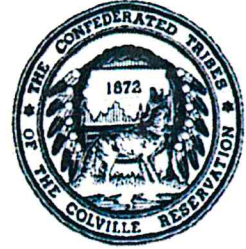




*Confederated Tribes of the Colville Reservation*  
**Tribal Employment Rights Office**

Post Office Box 150 - Nespelem, Washington 99155  
Ph. (509) 634-2716 Fax (509) 634-2740



**TITLE 10, CHAPTER 10-3**  
**FORESTRY CERTIFICATION APPLICATION**

Business (Trade) Name:		
Address (City, State, Zip Code)		
Contact Person (Last, First, M.I.)		
Business Phone:	Business Fax Phone:	E-mail Address:
Business Location:		
Indian Traders License:	Federal Id. No.	
No. Of Employees:	No. Of Indian Employees:	Year Established:
Tribal Enrollment No.		

# BUSINESS STRUCTURE

An applicant seeking to qualify for preference in contracting and/or subcontracting as a 100% Colville Business Enterprise, Colville Family Business Enterprise, Colville Business Enterprise, or other Indian Business Enterprise shall submit proof of the applicant's Indian or Indian family ownership and control to the TERO office of the Tribes.

The following ownership and control requirements applicable to each preference category are as follows:  
Please check the box you are applying for: **(ONLY ONE PLEASE)**

- 1. 100% Colville Business Enterprise:
  - A. **Ownership** -- Enrolled Colville Tribal Members must own 100% of the firm.
  - B. **Control** -- Enrolled Colville Tribal Members must exercise 100% management and supervisory control of the day-to-day operations of the business. All key employees must be Colville members

- 2. Colville Family Business Enterprise:
  - A. **Ownership** -- The firm must be 100% owned by a Colville member or a marital community consisting of a Colville member and a non-Colville spouse.
  - B. **Control** -- The Colville member and their non-Indian spouse, parent or children must exercise 100% management control and supervisory control of the day-to day operations of the business.

- 3. Colville Business Enterprise:
  - A. **Ownership** -- Enrolled Colville Tribal Members must own at least 60% of the firm.
  - B. **Control** -- Enrolled Colville Tribal Members must exercise majority control of the business and be substantially involved in the day-to-day management and operations of the business.

- 4. Indian Business Enterprise
  - A. **Ownership** -- Indians must own at least 60% of the firm.
  - B. **Control** -- Indians must exercise majority control of the business, and be substantially involved in the day-to-day management and operations of the business.

**A. 100% Colville Business Enterprise Applicants:**

All firms applying for certification as a 100% Colville Business Enterprise must declare as follows:

I hereby declare under penalty of perjury under the laws of the Colville Tribes that: (1) ALL owners of the business are Colville Tribal members, and (2) ALL employees of the business with management or supervisory authority are Colville Tribal members.

---

Signature of Authorized Official

---

Print Name and Company Title

**B. Colville Family Business Enterprise Applicants**

All firms applying for certification as a Colville Family Business Enterprise must declare as follows:

I hereby declare under penalty of perjury under the laws of the Colville Tribes that: (1) ALL owners of the business are Colville Tribal members or direct family members of Colville Tribal members, and (2) ALL employees of the business with management or supervisory authority are Colville Tribal members or direct family members of Colville Tribal members. (Direct family member is a spouse, parent or child.)

---

Signature of Authorized Official

---

Print Name and Company Title

**C. Colville Business Enterprise or Indian Business Enterprise:**

All firms applying for certification as a Colville Family Business or Indian Business Enterprise must declare as follows:

I hereby declare under penalty of perjury under the laws of the Colville Tribe that: (1) ONE or MORE of the Indian owners must be substantially involved (as a senior level official), in the day-to-day management and operation of the firm, and (2) Indians are employed in all or most of the positions for which qualified Indians are available.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Print Name and Company Title

## CERTIFICATION

I hereby certify that the information provided in this application is true and complete to the best of my knowledge and believe and agree to permit a credit check on the applying company.

I understand that any false or misleading information furnished by me, on the Title 10, Chapter 10-3 Certification Application or in connection with this application for certification shall result in withdrawal of my certification and I will be prohibited from applying for certification for one-year to date of withdrawn application.

Name of Firm: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Official

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Enterprise or organization further states they will abide by Resolution 1998-852 and all provisions of the Colville Tribal Code, Title 10.

Enterprise or Organization: \_\_\_\_\_

The Colville Confederated Tribes T.E.R.O. has reviewed all documentation and application submitted on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. The T.E.R.O. office is prepared to issue this notice as official certification for the above name Indian owned enterprise or organization.

This firm is hereby certified as a: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certification Approval Date

\_\_\_\_\_  
T.E.R.O. Director

\_\_\_\_\_  
REISSUED OR REVIEWED INITIATED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CERTIFICATION PROCEDURES\*

## New applicants for Certification (firms not previously certified):

A firm seeking certification as a Colville Indian or Indian Business Enterprise shall submit a completed application to the TERO on a form provided by TERO. TERO staff will be available to assist a firm in filling out the application, request such additional information as it believes appropriate (computation of the 21-day period shall be stayed during the time any request for additional information is outstanding), conduct such investigations as it deems appropriate, and make a final written finding to certify or not to certify. The TERO may extend the processing period by an additional 21 days, by sending notification of the extension to the applicant by registered mail. Within 15 days of receipt of the TERO's analysis and finding, the applicant may request a hearing before the Commission on the application to appeal any part of the certification finding. The Indian principal(s) of the firm shall be present at the hearing. In addition, any person wishing to present information to the Commission shall be entitled to do so, by requesting, no less than one day prior to the hearing, an opportunity to participate. Hearings shall be conducted as provided for in CTC chapter 2-4.

## Probationary Certification:

An applicant granted certification shall be issued a one-year probationary certificate. During that period, the TERO staff and the Commission shall monitor the firm's activities to ensure that the firm is operating in the manner described in its application. During the probationary period, the TERO and the Commission shall have the right to request and receive such information and documents as they deem appropriate.

## Final Certification

At the end of any probationary period the TERO, after receiving recommendations from the TERO Staff, shall either:

1. Grant full certification;
2. Continue the probationary period for up to six months; or
3. Deny certification

## Withdrawal of Certification:

From the information provided in any required reports, on the basis of a written grievance filed by any other firm or person, or on its own initiative, the TERO may initiate proceedings to withdraw or suspend the certification of any firm. The TERO shall prepare an analysis and finding and prior to making a finding shall send the firm notice, by registered mail, that its certification is being examined, along with the grounds therefore. A firm may appeal any finding of withdrawal or suspension of certification to the Commission, which will hold a hearing, at which the TERO shall have the burden of proof by the preponderance of the evidence, to determine whether the withdrawal or suspension is justified. At the hearing, the TERO staff shall present the case for suspension or withdrawal, and the firm shall have the opportunity to present evidence in support of their case. After the hearing, the Commission may:

1. Withdraw certification
2. Suspend certification for up to one year;
3. Put the firm on probation; and/or
4. Order that corrective action be taken within a fixed period. A firm that has had its certification withdrawn may not reapply for a period of one year.

## Firms Certified Prior to the Adoption of These Criteria:

Each firm holding Indian preference certification from the Tribes prior to the effective date of this amended Code shall submit an application required under these criteria to the TERO within 30 days after the effective date of this amended Code. If the TERO determines that the firm qualifies under these new criteria, it shall, within 45 days of receipt of the application, so find. Should the TERO require additional information from the firm, computation of the 45-day period shall be stayed by written notice from the TERO for a reasonable time to permit such information to be provided. If the TERO finds that certification is denied, the firm may appeal to the Commission as set out above.

#### Change in Status and Annual Reports:

Each certified firm shall report to the TERO, in writing, any changes in its ownership or control status within 30 days after such changes have occurred. Each certified firm, on the anniversary of its receipt of permanent certification, shall update the information provided in this initial application on an Annual Report form provided by the TERO. Failure to provide information pursuant to these requirements shall constitute grounds for TERO to move for withdrawal of certification.

## INDIAN PREFERENCE\*\*

All agencies and instrumentalities of the Confederated Tribes of the Colville Reservation shall give preference to qualified Indian Business Enterprises when awarding contracts. Consistent with procedures and requirements outlined in this section, preference shall be given in the following order:

1. 100% Colville Business Enterprises
2. Colville Family Business Enterprise
3. Colville Business Enterprises
4. Indian Business Enterprises

All Requests for Proposals, Invitations for Bids, or other contract solicitations shall contain a statement that Indian preference applies in the award of the contract and in the work to be performed pursuant to the contract.



# Confederated Tribes of the Colville Reservation

## Tribal Employment Rights Office

Post Office Box 150 - Nespalem, Washington, 99155

Phone: 509-634-2716 / Fax: 509-634-2740

### SMALL WORKS ROSTER APPLICATION

Complete ALL Applicable Items

Please Print or Type

1. Business Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

Street

City

State

Zip

3. Contact Person (1): \_\_\_\_\_ (2) \_\_\_\_\_

4. \_\_\_\_\_

Business Phone

Home Phone

Fax Number

*This section complete only if applicable ----*

5. Washington State Contractor Registration Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6 Social Security Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. Are you a General or Specialty Contractor

General

Specialty

Field No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Are you a Certified Indian Owned Business?

Yes

No

Pending

9. Are you a Women Business Enterprise certified by the Washington State Office of Minority and Women Business Enterprises?

Yes

No

Pending

10. Department of Revenue Excise Tax Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



**Fill In Codes In The Boxes & Circle Number**

**GENERAL & SPECIALTY CONTRACTORS:**

Select up to Sixteen Specialties from the List below

Enter below the Two Digit Code(s) in the Boxes Provided Below:


**CODE DESCRIPTION & CSI NUMBERS**

- 01 Roads & Bridges(small) (00100a, 00200a, 00201a)
- 02 Demolition (02050, 02060)
- 03 Tree Service (02050, 02060)
- 04 Structure Moving (02120)
- 05 Pile Driving & Underpinning (021112, 02112, 02350)
- 06 Earth Work(02200, 02283, 02519)
- 07 Sanitary & Storm Drainage (02400, 02434, 02721, 02723)
  
- 08 Irrigation Sprinkler System (02441, 02442)
- 09 Fencing (02444, 02446, 02451)
- 10 Signs (02452, 10440)
- 11 Recreational Facilities (02462)
- 12 Landscaping (02480, 02485)
- 13 Asphalt Paving (02513)
- 14 Concrete (02515, 03000, 03603)
- 15 Concrete Curbs (02528, 02529a)
- 16 Concrete Sawing, Drilling, Demolition (03800, 03803a)
- 17 Well Drilling & Casing (02730,02733)
- 18 Septic Tanks & Sewage Treatment (02740, 02743)
- 19 Marine Work (02880, 02890, 00202a)
- 20 Dredging (02881)
- 21 Masonry (04200, 04451)
- 22 Masonry Restoration & Cleaning (03700, 03730, 04500, 04520)
- 23 Refactory Installation (04550, 04555)
- 24 Welding (05060)
- 25 Structural Metal Framing (05100, 05162)
- 26 Metal Fabricators (05500, 05730)
- 27 Reinforcing Steel Placement (05602a)
- 28 Carpentry Rough/framing (05100, 05162)
- 29 Log Joinery
- 30 Carpentry Finish & Cabinets (06200, 06240, 06400, 06431)
- 31 Water and Damp - Proofing (07100, 07193)
- 32 Insulation (07200, 07240, 00017a)
- 33 Fire Proofing (07250, 07260)
- 34 Roofing-shingles (07300, 07322)
- 35 Roofing-preformed (07400, 07466)
- 36 Roofing-membrane (0750,07460)
- 37 Flashing & Sheet Metal (07600, 07661)
- 38 Door Installation (08100, 08450, 08721)
- 39 Glazing/windows (08500, 08720, 08722, 8920)
- 40 Plaster/lath (09200, 09225, 00015a)
- 41 Drywall (09250, 00012a)
- 42 Tile (09300, 09380)
- 43 Terrazzo (09400, 09440)
- 44 Acoustical Treatment (09500, 09530, 00011a)
- 45 Wood Flooring (09550, 09595)
- 46 Stone & Brick Flooring (09600)
- 47 Resilient Floor (09650, 09675, 09750, 09755)
- 48 Carpeting (09680, 09690)

**CODE DESCRIPTION & CSI NUMBERS**

- 49 Special Flooring (09700, 09741)
- 50 Special Coating (09800, 09875)
- 51 Painting (09900, 09930)
- 52 Wall Covering (09950, 09990)
- 53 Locks & Security Facilities (10000)
- 54 Partitions (10600, 10623)
- 55 Water Treatment
- 56 Food Service Facilities (11400)
- 57 Pre-engineer Structures (13120,13125)
- 58 Elevators, Lifts, Conveyers (14200, 14230, 02720)
- 59 Plumbing & Piping (15300, 15485, 02700, 14230)
- 60 Fire Protection (15500, 15570, 13970)
- 61 Boiler, Hot water, & Steam System (15600, 15642, 15700, 15799)
- 62 Refrigeration (15650, 15699)
- 63 Heating, Ventilation & Air Conditioning (15800, 15895)
- 64 Controls & Instrumentation (15900, 15970, 16900, 16962)
- 65 Electrical Wiring, Generation & Lighting (16400, 16650, 00013a)
- 66 Communication & Detection (16700, 16781)
- 67 Solar Systems (10700)
- 68 Siding
- 69 Short Log Logging Trucks
- 70 Long Log Logging Trucks
- 71 Logging (Tractor-Cable-Mech. Harvester etc.)
- 72 Self Loader - Trucks
- 73 Lowboy Trucks
- 74 Road Grading
- 75 Road Construction
- 76 Water Truck (*Pumper Truck*)
- 77 Super Train Logging Truck (Long Logs + Pup)
- 78 Harvest Operator
- 79 Wood Cutter
- 80 Underground Utilities (Telephone, TV, Power)
- 81 Flat Bed
- 82 Electronic Medical Billing
- 83 General Billing and/or Collection
- 84 Clerical-General/Office Administration
- 85 Tribal Contracting Process & Procedure
- 86 Pump Sales
- 87 Pump Installation
- 88 Pump Service
- 89 Water Pressure System
- 90 Underground Utilities (Telephone, TV, Power)
- 91 Dump Truck
- 92 Submersible Pump Installation for Water Wells
- 93 Chip & Sawdust Hauling
- 94 Tree Thinning
- 95 Stock Survey

11. Please place a check by the location(s) you will work:

Entire State: \_\_\_\_\_ Reservation Only: \_\_\_\_\_

12. How many full-time employees do you currently have?

0-5     6-10     11-25     26-50     51 or more

13. Below, please list your permanent employees. (Use another sheet if necessary)

Name	Position	Salary	Years of Service

### EQUIPMENT

14. Below, please list your equipment. (Use another sheet if necessary)

Name	Type	Size	\$ Value	Condition

Are you willing to rent your equipment?

Yes  No

### TOOLS

15. Below, please list your tools. (Use another sheet if necessary)

Name	Type	Size	\$ Value	Condition

Are you willing to rent your tools?

Yes  No

GENERAL & SPECIALTY CONTRACTORS

Check box(s) that best describes the type of contract your firm qualifies to perform

<p style="text-align: center;"><b>Forestry</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Self-loader</li> <li><input type="checkbox"/> Lowboy</li> <li><input type="checkbox"/> Harvest Operator</li> <li><input type="checkbox"/> Wood Cutter</li> <li><input type="checkbox"/> Tree Thinning</li> <li><input type="checkbox"/> Tree planting</li> <li><input type="checkbox"/> Tree Marking</li> <li><input type="checkbox"/> Stand Exams</li> </ul>	<p style="text-align: center;"><b>General</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Masonry</li> <li><input type="checkbox"/> Carpentry</li> <li><input type="checkbox"/> Roofing</li> <li><input type="checkbox"/> Drywall</li> <li><input type="checkbox"/> Tile</li> <li><input type="checkbox"/> Flooring</li> <li><input type="checkbox"/> Carpeting</li> <li><input type="checkbox"/> Painting</li> <li><input type="checkbox"/> Partitions</li> <li><input type="checkbox"/> Locks and Security</li> <li><input type="checkbox"/> Elevators, Lifts, &amp; Conveyers</li> <li><input type="checkbox"/> Siding</li> </ul>
<p style="text-align: center;"><b>Trucks</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Water/Pumper Truck</li> <li><input type="checkbox"/> Flat Bed</li> <li><input type="checkbox"/> Dump Truck</li> <li><input type="checkbox"/> Excavator</li> <li><input type="checkbox"/> Mini-Excavator</li> </ul>	<p style="text-align: center;"><b>Water Works</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Well Drilling &amp; Casing</li> <li><input type="checkbox"/> Septic Tanks &amp; Sewage Treatment</li> <li><input type="checkbox"/> Plumbing &amp; Piping</li> <li><input type="checkbox"/> Boiler, Hot Water, &amp; Steam System</li> <li><input type="checkbox"/> Pump Installation &amp; Service</li> </ul>
<p style="text-align: center;"><b>Architecture</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-engineer Structures</li> <li><input type="checkbox"/> Architect Services</li> </ul>	<p style="text-align: center;"><b>Food Service</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Catering</li> <li><input type="checkbox"/> Food Preparation</li> </ul>
<p style="text-align: center;"><b>Concrete/Welding</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Concrete</li> <li><input type="checkbox"/> Welding</li> <li><input type="checkbox"/> Structural Metal Framing</li> <li><input type="checkbox"/> Flashing &amp; sheet Metal</li> </ul>	<p style="text-align: center;"><b>Land</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Earth Work</li> <li><input type="checkbox"/> Irrigation Sprinkler System</li> <li><input type="checkbox"/> Fencing</li> <li><input type="checkbox"/> Landscaping</li> </ul>
<p style="text-align: center;"><b>Electrical</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Refrigeration</li> <li><input type="checkbox"/> Heating, Ventilation &amp; Air Conditioning</li> <li><input type="checkbox"/> Electrical Wiring, Generation, &amp; Lighting</li> <li><input type="checkbox"/> Solar Systems</li> </ul>	<p style="text-align: center;"><b>Construction</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Roads &amp; Bridges</li> <li><input type="checkbox"/> Demolition</li> <li><input type="checkbox"/> Structure Moving</li> <li><input type="checkbox"/> Asphalt Paving</li> <li><input type="checkbox"/> Road Grading</li> <li><input type="checkbox"/> Road Construction</li> </ul>

Other (please describe):

---

## STEPS FOR OBTAINING AN INDIAN TRADER'S LICENSE:

- 1) Get an Indian Trader's License Application from Bureau of Indian Affairs- Colville Agency. Complete pages 1 & 2, sign & date. Page 3 has to be completed only if you are a corporate business.
- 2) You will need to provide the forms to Tribal Planning office for review of the business you are proposing to determine compliance with tribal laws & business requirements and signature approving applications.
- 3) Obtain a Money Order or Cashier Check for \$5.00- made payable to the Bureau of Indian Affairs or (B.I.A). Make sure to sign your name as the remitter of your money order, so it can be tied back to your application.
- 4) Bring or mail completed application to:  

BIA- Colville Agency  
ATT: Indian Trader's License  
PO Box 111 (10 Nez Perce Street, bldg. 82)  
Nespelem, WA 99155
- 5) Once the completed Indian Trader's License application, money order, and Tribal Planning review sheet arrives at the BIA Superintendent's office, your Indian Trader's License will be generated and mailed to you at the address provided on your application (if not completed in person).

PLEASE SEND A MONEY ORDER IN THE AMOUNT OF \$5.00 PAYABLE TO THE BUREAU OF INDIAN AFFAIRS, WHEN YOU RETURN YOUR APPLICATION

## INDIAN TRADERS LICENSE APPLICATION

NAME OF APPLICANT AND TRADE NAME, IF ANY \_\_\_\_\_  
\_\_\_\_\_

APPLICANT IS (CIRCLE ONE) PROPRIETORSHIP PARTNERSHIP CORPORATION

IF APPLICANT IS A CORPORATION, LIST THE NAMES OF THE MEMBERS OF THE BOARD OF DIRECTORS. IF APPLICANT IS A PARTNERSHIP, LIST THE NAMES OF ALL PARTNERS \_\_\_\_\_  
\_\_\_\_\_

ADDRESS OF APPLICANT \_\_\_\_\_  
\_\_\_\_\_

SITE OF PROPOSED BUSINESS \_\_\_\_\_  
\_\_\_\_\_

LIST THE CLASSES OF GOODS AND SERVICES TO BE SOLD \_\_\_\_\_  
\_\_\_\_\_

CAPITAL TO BE BORROWED (DEBT INVESTMENT) \$ \_\_\_\_\_  
CAPITAL OWNED (EQUITY INVESTMENT) \$ \_\_\_\_\_  
TOTAL CAPITAL TO BE INVESTED (TOTAL INVESTMENT) \$ \_\_\_\_\_

PROVIDE THE FOLLOWING INFORMATION CONCERNING ANY LOANS TO BE MADE TO FINANCE THE PROPOSED BUSINESS

NAME OF LENDER \_\_\_\_\_  
AMOUNT OF LOAN \_\_\_\_\_ DATE DUE \_\_\_\_\_ RATE OF INTEREST \_\_\_\_\_

NAME OF ANY ENDORSER OR SURETY \_\_\_\_\_

ATTACH TO THIS APPLICATION A COPY OF ANY CONTRACT OR TRADE AGREEMENT WITH CREDITORS OR FINANCING INDIVIDUALS OR INSTITUTIONS. INCLUDING ANY STIPULATIONS WHEREBY FINANCING FEES ARE TO BE PAID, REDUCE ANY ORAL AGREEMENTS ON THESE MATTERS TO WRITING AND ATTACH THEM TO THIS APPLICATION.

ALSO ATTACH SCHEDULES "A" AND "B" AS REQUIRED.

I CERTIFY, that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

APPLICANT'S SIGNATURE (Sign in Ink) \_\_\_\_\_  
(If applicant is a corporation an authorized officer must sign.)

DATE SIGNED \_\_\_\_\_

NAME OF CORPORATION \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

THIS SCHEDULE MUST BE COMPLETED BY THE FOLLOWING PERSON

1. A PERSON APPLYING AS A PROPRIETOR.
2. EACH PARTNER WHO IS LIABLE FOR THE DEBTS OF A PARTNERSHIP THAT IS APPLYING FOR A LICENSE.
3. THE PROPOSED BUSINESS MANAGER.

NAME OF PERSON COMPLETING THIS SCHEDULE \_\_\_\_\_

CIRCLE ONE: PROPRIETOR PARTNER BUSINESS MANAGER

DESCRIBE YOUR PRIOR BUSINESS EXPERIENCE (Attach additional sheets if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHERE HAVE YOU LIVED AND WORKED DURING THE PAST FIVE YEARS? (List most recent address first)

From	To	Address	Occupation	Employer's Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REFERENCES- List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness to manage the proposed business. Do not list the names of supervisors on jobs held within the last five years.

FULL NAME	PRESENT ADDRESS	BUSINESS/ OCCUPATION

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIST THE NAME AND ADDRESS OF ANY BUSINESS YOU HAVE OWNED DURING THE PAST TEN YEARS.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HAVE YOU...	YES	NO
within the last five years been fired from any job for any reason?	_____	_____
within the last five years quit a job after being notified that you would be fired?	_____	_____
Ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit (1) traffic violations for which you paid a fine of \$50 or less and (2) any offense committed before your 21 <sup>st</sup> birthday that was finally adjudicated in a juvenile court or under a Youth Offender law.)	_____	_____

IF YOUR ANSWER TO ANY QUESTION IN THIS SCHEDULE IS "YES", GIVE DETAILS ON AN ADDITIONAL SHEET ATTACHED TO THIS SCHEDULE.

I CERTIFY, that all of the statements made in this schedule are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_  
 SIGNATURE (Sign in Ink)

\_\_\_\_\_  
 DATE SIGNED

SCHEDULE B

THIS SCHEDULE MUST BE COMPLETED BY ALL CORPORATE APPLICANTS

LIST THE NAME AND ADDRESS OF EACH RETAIL OUTLET OWNED OR OPERATED BY THE APPLICANT IN THE PAST TEN YEARS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS ANY LICENSE TO DO BUSINESS HELD BY THE CORPORATION BEEN REVOKED WITHIN THE LAST TEN YEARS? YES NO  
\_\_\_\_\_

IF THE ANSWER IS YES, GIVE DETAILS CONCERNING EACH REVOCATION ON ADDITIONAL SHEET ATTACHED TO THIS SCHEDULE.

ATTACH FINANCIAL STATEMENTS FOR THE CORPORATION PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES COVERING THE PAST FIVE YEARS.

I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED OFFICER OF THE APPLICANT CORPORATION

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
DATE SIGNED

NOTE: PLEASE INCLUDE A MONEY ORDER OR CASHIER'S CHECK FOR \$5.00 MADE PAYABLE TO THE BUREAU OF INDIAN AFFAIRS (BIA) WITH YOUR APPLICATION AND MAIL TO:

BIA- COLVILLE AGENCY  
PO BOX 111  
NESPELEM, WA 99155



# APPLICATION FOR EMPLOYMENT

## Colville Confederated Tribes & CTFC Enterprises



(Please Print All Information)

**NOTICE:** Incomplete applications will not be accepted or processed. Applicant is responsible to submit a completed and signed application to the appropriate enterprise, program or department on, or before, closing date as well as any required attachments. The Job Application alone does not determine if an applicant meets the minimum qualifications of a job, the interview process will determine if you successfully demonstrate the knowledge, skills or ability to meet the minimum qualifications. Please make sure your application is complete and relevant to the job you are applying for. Applications will be kept on file for 3 months.

Check Which Work Site(s) You Are Applying For		Date Received- by Human Resources Dept
<input type="checkbox"/> <b>Colville Tribes</b> P.O. Box 150 Nespelem, WA 99155 Phone: (509) 634-2842 Toll Free 800-506-9434 Fax (509) 634-2864	<input type="checkbox"/> <b>CTFC</b> Box 5, Birch St. Suite A Coulee Dam, WA 99116 Phone (509) 634-3200 Fax (509) 634-3258 <input type="checkbox"/> CTSC <input type="checkbox"/> MBC <input type="checkbox"/> OBC <input type="checkbox"/> CDC <input type="checkbox"/> Gaming HQ	

Personal Data			
Last Name	First Name	M.I.	Other Names/Alias Used
Mailing Address: Street/PO Box	City	State	Zip Code
E-Mail Address (optional)			Telephone Number (Required)
			Home: Message:

Employment Data			
Position Applying For:	Job Number:	Department:	
Are you claiming Indian preference? <b>ENROLLMENT NUMBER - Valid proof of preference required</b>			
1. <input type="checkbox"/> CCT Member _____	4. <input type="checkbox"/> Other Tribe _____		
2. <input type="checkbox"/> CCT Descendent _____	5. <input type="checkbox"/> Non-Indian _____		
3. <input type="checkbox"/> CCT Spouse _____			
<b>VETERAN'S PREFERENCE?</b> (For CCT positions only)	<b>Branch of Service</b>	<b>Service Dates</b>	<b>Honorably Discharged?</b>
<input type="checkbox"/> - Yes <input type="checkbox"/> - No		From: To:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education Background		
List last high school attended. Beginning with the recent – list all colleges, vocational, and military service schools attended. * Please attach proof of certification from an accredited college for educational verification & educational consideration *		
Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name	Telephone Number
<b>Name &amp; Location of School</b>	<b>Graduate: Yes or No</b>	<b>Major Course</b>
College/University		
College/University		
Vocational/Technical School		
Vocational/Technical School		



<b>Specialized Skills/Training</b>	<b>List any specialized skills that you possess that will enhance your abilities to perform in the following;</b>		
	<b>Skills/Experience</b>	<b>Training</b>	<b>Certificates/Licenses</b>
<b>Accounting</b>			
<b>Budget</b>			
<b>Building Trades/Construction</b>			
<b>Cash Handling</b>			
<b>Child/ Early Childhood Development</b>			
<b>Clerical</b> <i>(Typing/Filing/Phone/Office Equip)</i>			
<b>Computer (I/T)</b>			
<b>Counseling</b>			
<b>Culinary</b>			
<b>Forestry, Wood Products</b>			
<b>Gaming</b> <i>(Be Specific)</i>			
<b>General Labor</b> <i>(Be Specific)</i>			
<b>Health Care</b>			
<b>Heavy Equipment</b> <i>(Be Specific)</i>			
<b>Maintenance</b> <i>(Be Specific)</i>			
<b>Management</b> <i>(Be Specific)</i>			
<b>Retail</b>			
<b>Security</b>			
<b>Supervision</b> <i>(Be Specific)</i>			

**Work Experience**

List most recent first. Lists only work history relevant to qualifications required for position applying for.  
Do not leave any blank areas to avoid disqualification.

Employer Name		Address		Phone:
				( )
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:	
Supervisor Name & Title:	Start Wage	End Wage		
	\$	\$	Eligible For Rehire?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.				

Employer Name		Address		Phone:
				( )
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:	
Supervisor Name & Title:	Start Wage	End Wage		
	\$	\$	Eligible For Rehire?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.				

Employer Name		Address		Phone:
				( )
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:	
Supervisor Name & Title:	Start Wage	End Wage		
	\$	\$	Eligible For Rehire?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.				

Type	License #	State	Issued	Expires
Driver's License				
CDL				
Flagger's Card				
<b>Do you have any of the following Licenses/Permits?</b>				
Gaming	[ ] Yes [ ] No	Bartender	[ ] - Yes [ ] - No	
Food Handler	[ ] Yes [ ] No	Child Care	[ ] - Yes [ ] - No	
Legal	[ ] Yes [ ] No	Other: _____	[ ] - Yes [ ] - No	

Have You Ever Had A License/Bond/Permit Listed Above Revoked or Suspended? [ ] - YES  
[ ] - NO

If YES, Explain:

**Are you bondable?** [ ] - YES [ ] - NO

**Criminal History**

Have You Ever Been *Convicted* of a Felony or Misdemeanor? [ ] - YES [ ] - NO

You may be required to disclose the details of a "yes" response. Do you agree to provide this information as a condition of consideration for hire? [ ] - YES [ ] - NO

**Employee Statement of Accuracy and Authorization To Obtain Background Information**

I certify that all of the information given in this application is true, accurate, and complete. I understand any false or misleading information, or incomplete information on this application may result in my not being hired, or my immediate dismissal if I have been hired based upon any false or misleading information that I provided in this application.

I give my consent to the Colville Tribe Employer (Tribes, CTFC, or CTEC) to conduct an investigation into my employment/work history and any pertinent information concerning my employment, criminal, financial and credit histories.

This is my authorization for any of my previous employers to release my employment history with them, including, but not limited to, my performance level, attendance, and disciplinary records. I will hold harmless any previous employer for releasing this information.

**Applicant's Signature Affirming Above Statement** Today's Date

Last Name (Print)	First Name	MI	Maiden Name	Are you 18 or older?
				[ ] - Yes [ ] - No

For Official Use Only	Topic Requiring Verification	Comments:
	Credit Background Check Verified	
	Criminal Background Clearance Verified	
	Driver's License Verification	
	Drug Test Results Verified	
	Employment History Verified	
	Indian Preference Verified	
	License/Certification Verified	
	Veteran's Preference Verified	
	Education Verified	
	Eligible for Hire [ ] YES [ ] NO	
	Other:	