

Pit River Tribal Office
36970 Park Avenue
Burney, CA 96013
Phone : 530-335-5421

EMPLOYMENT APPLICATION

Personal Information

Home Phone: () _____
Work Phone : () _____
Legal Name: _____ Soc. Sec. No. _____
Any additional information relative to change of name, use of assumed names necessary
to enable us to check on your work and educational record? If yes, explain: _____

Mailing Address: _____
Street Number/Post Office Box City State Zip Code

Have you any disabilities which limits the type of work to be performed? If so, specify:

IN CASE OF EMERGENCY who should be notified: _____
Name _____
Address _____
_____ () _____
Telephone Number _____

EMPLOYMENT DESIRED

What employment will you accept? Full Time If part time, state days and hours:
 Part Time _____

Position Sought: _____ Date Available: _____ Salary: _____

Referred By: _____ Ever Employed By This Agency Before Yes No

How Long? _____ Date of Termination: _____ Reason for Leaving: _____

Supervisors Name: _____ Relative affiliation with agency (give
name and relationship) _____

CLERICAL APPLICANTS ONLY - Indicate below specific experience which you have had:

Check Here	Type of experience	How Long
	Clerical supervisor	
	Clerk:	
	Correspondence	
	Cost (Accts. Pay	
	File	
	General	
	Statistical	
	Stock	
	Other:	
	Other:	

Check Here	Type of experience	How Long
	Executive Secretary	
	Dictat. Mach. Transcrib.	
	Mail Clerk	
	Copy Machine Operator:	
	Ditto (Spirit)	
	Mimeograph	
	Photocopy	
	Office Supervisor	
	Receptionist	
	Switchboard Operator	

Indicate below you office skills and check office machines you can operate:

Manual Typewriter	Speed _____ WPM	10-Key Adding Machine Model _____
Electric	Speed _____ WPM	Calculator Model _____
Shorthand	Speed _____ WPM	Other: _____
Steno Type	Speed _____ WPM	Other: _____
Other: _____		Other: _____

DRUG TESTING

AS REQUIRED BY THE PIT RIVER TRIBAL COUNCIL, DRUG TESTING WILL BE DONE.

Are you willing to volunteer take a drug test? _____

If no, explain: _____

RECORD OF EMPLOYMENT

LIST BELOW ALL PRESENT AND PAST EMPLOYERS, BEGINNING WITH YOUR MOST RECENT. Are presently employed? May we contact your employer? Please indicate which of the following employers you do not wish us to contact: _____

Name and Address of Company	Position title	Duties	Reason for Leaving
	Salary		
	\$		
	From To		
	MO YR MO YR		

Name and Address of Company	Position title	Duties	Reason for Leaving
	Salary		
	\$		
	From To		
	MO YR MO YR		

Name and Address of Company	Position title	Duties	Reason for Leaving
	Salary		
	\$		
	From To		
	MO YR MO YR		

Name and Address of Company	Position title	Duties	Reason for Leaving
	Salary		
	\$		
	From To		
	MO YR MO YR		

Name and Address of Company	Position title	Duties	Reason for Leaving
	Salary		
	\$		
	From To		
	MO YR MO YR		

EDUCATION RELEVANT TO POSITION SOUGHT

Name of School & Address	From		To		Diploma Degree	Major	Scholastic Average
	MO	YR.	MO	YR.			

Information Verification: Not Required Required Complete & attach authorization.

Note any additional experiences, skills or volunteer work which you feel would especially qualify you for this position:

Have you ever been convicted of a felony within the last five years? If answer is yes, please explain the circumstances:

INDIAN PREFERENCE

In accordance with Public Law: 92-261, "Indian Preference Act," this agency will recruit and give preference to qualified American Indians in employment and training. Please complete the following if you are claiming eligibility for this preference:

Name: _____ Degree of Indian Blood: _____ Agency: _____

CERTIFICATION

I authorize investigation for all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is subject to the personnel policies and procedures of this agency.

_____ Date

_____ Signature