



# EMPLOYMENT APPLICATION

FOR

## GRAND RONDE FOOD & FUEL CO.

Applications are kept on file for six (6) months from date applied.

**Instructions:** Please complete the entire application. Be sure to print neatly or type in the required information. You may attach a resume and cover letter; however, DO NOT write "please see resume" on the application form. Applications are reviewed to determine if you meet the minimum qualifications of the position for which you are applying for. All information provided is subject to verification.

**POSITION APPLYING FOR:** \_\_\_\_\_

Salary Desired: \$ \_\_\_\_\_ per: (check one)  Hour  Month

Ever worked here before? (circle one) Yes No If yes, give dates, position and supervisors name:

How did you hear about our job opening? (please check one)

- Employee Referral (name of employee): \_\_\_\_\_  Tribal Website
- Agency (identify by name): \_\_\_\_\_  School: \_\_\_\_\_
- Advertisement (identify source): \_\_\_\_\_  Other: \_\_\_\_\_

### GENERAL INFORMATION:

<b>NAME (last, first, Middle):</b>			
<b>ADDRESS :</b>			
	Street	City	State Zip Code
<b>MAILING ADDRESS:</b>			
	Street	City	State Zip Code
<b>Telephone #:</b>		<b>Business:</b>	
<b>Message:</b>		<b>Cell:</b>	
<b>E-mail Address:</b>			
<b>Are you 18 years of age or older? (circle one)</b>	<b>If hired, can you provide proof that you are authorized to work in the United States? (circle one)</b>	<b>Have you ever been convicted of a Felony? (circle one) YES NO</b> If yes, please explain:	
YES NO	YES NO	(Conviction does not automatically bar you from employment consideration)	

Hiring preference is given to the following categories; Grand Ronde Tribal Member, Spouse of Grand Ronde Tribal Member, members of other federally recognized Tribes, and honorably discharged Veteran's. If claiming one of the preference categories please list below by including name of Tribe & roll #, Name of Spouse and their roll # or Branch of Armed Forces to include dates served and Rank at time of discharge:

**Be sure to attach documentation.**

**EDUCATION:**

Type of School	Name/Location of School	Course/Major Studied	Years Completed (circle response)	Diploma/Degree or Certificate Earned
High School			9 10 11 12 or GED	
College/University			1 2 3 4 5 6 7 8	
College/University			1 2 3 4 5 6 7 8	
Trade/Business/ Correspondence or Other Education			1 2 3 4 5 6 7 8	

If you attended schooling under another name, please list here name(s): \_\_\_\_\_

Do you have a First Aid/CPR Certificate? (circle one) YES NO Food Handler's Card? YES NO

Please list any specialized, work-related trainings/seminars, licenses, certifications, apprenticeships, memberships, skills or qualifications: \_\_\_\_\_

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**COMPUTER SKILLS:** Please list computer software programs/databases you are familiar with and indicate your skill level as beginner, intermediate or advanced: \_\_\_\_\_

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**WORK HISTORY:** Beginning with your most recent employer, list all past employment (attach additional sheets if needed). Be sure to include military service assignments, self-employment, periods of unemployment, or paid/unpaid volunteer services. Complete all sections.

Name of Employer:	From: month/year	To: month/year
Address:	Phone Number:	Last Salary: (indicate hourly or monthly) \$
Employment Type: (indicate full-time, part-time, temporary, on-call, contract, or other)	Job Title:	Supervisor Name & Phone Number:
Reason for Leaving:	Description of Duties:	

Name of Employer:	From: month/year	To: month/year
Address:	Phone Number:	Last Salary: (indicate hourly or monthly) \$
Employment Type: (indicate full-time, part-time, temporary, on-call, contract, or other)	Job Title:	Supervisor Name & Phone Number:
Reason for Leaving:	Description of Duties:	

**WORK HISTORY (cont.):**

Name of Employer:	From: month/year	To: month/year
Address:	Phone Number:	Last Salary: (indicate hourly or monthly) \$
Employment Type: (indicate full-time, part-time, temporary, on-call, contract, or other)	Job Title:	Supervisor Name & Phone Number:
Reason for Leaving:	Description of Duties:	

Name of Employer:	From: month/year	To: month/year
Address:	Phone Number:	Last Salary: (indicate hourly or monthly) \$
Employment Type: (indicate full-time, part-time, temporary, on-call, contract, or other)	Job Title:	Supervisor Name & Phone Number:
Reason for Leaving:	Description of Duties:	

**REFERENCE INFORMATION:** List three business/professional references familiar with your work abilities. DO NOT include friends or relatives.

Name:	Name:	Name:
Address:	Address:	Address:
Phone Number:	Phone Number:	Phone Number:
E-mail Address:	E-mail Address:	E-mail Address:
Business relationship: (supervisor, co-worker, etc.)	Business relationship: (supervisor, co-worker, etc.)	Business relationship: (supervisor, co-worker, etc.)

**CERTIFICATION & AUTHORIZATION: To document agreement, please read each statement, initial on line next to each statement, and sign your name below.**

1. If hired, I agree to comply with all personnel policies and Tribal Law set forth by Grand Ronde Food and Fuel Co. (GRFFCo) and The Confederated Tribes of Grand Ronde. \_\_\_\_\_
2. I understand that if hired my first ninety (90) days are an introductory employment period during which I will be an at-will employee whose employment relationship may be terminated at any time for any or no reason with or without notice or cause. After successful completion of the introductory employment period, I may be terminated only if GRFFCo determines, in its sole discretion, there is reason for termination. I understand that no manager or representative of GRFFCo, other than in writing signed by the Board of Directors and by me, has any authority to enter into an agreement of employment for any specified period of time or contrary to the above terms or alter the above conditions of employment. \_\_\_\_\_
3. I understand that GRFFCo maintains a drug-free workplace. I further understand that GRFFCo reserves the right to conduct pre-employment, random, post-accident and reasonable suspicion drug testing and reasonable suspicion alcohol testing of its applicants and employees and I hereby consent to such testing. I further understand that if I give my consent to submit to such testing, the results and other relevant medical information will be released to person(s) authorized by GRFFCo for appropriate review and response. I agree to allow release of such information. I understand that if I receive a job offer for a position, including full-time, part-time, seasonal, on-call and temporary, that it will be conditioned upon satisfactorily passing a drug test and background check. \_\_\_\_\_
4. I understand that the Immigration Reform and Control Act requires me to prove the legality of my residency or citizenship; I understand proof of identity as well as eligibility to work in the United States must be provided by me and copies of such documents will be retained by GRFFCo. I am also aware falsification of these documents or failure to provide such proof at the time of request will be grounds for immediate termination. \_\_\_\_\_

**CERTIFICATION & AUTHORIZATION (continued):**

5. I certify that all answers to questions in this application and additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts and material omissions may be grounds for denial of employment or discharge if hired whenever discovered. I hereby authorize investigation of all statements provided during the application process and all references to give GRFFCo any and all pertinent information they may have, personal or otherwise, and release from all liability or responsibility GRFFCo, its agent or entity and all persons, companies or organizations providing information to GRFFCo about me. \_\_\_\_\_

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Printed Name of Applicant (first, middle initial, last)

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Signature of Applicant

Date Signed