



# EMPLOYMENT APPLICATION

for

## The Confederated Tribes of the Grand Ronde Community of Oregon

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

### Instructions:

Please print. Please complete the **entire** application, 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.

**EMPLOYMENT DESIRED:** Position Applying for: \_\_\_\_\_

I have  have not  read the job description for which I am applying and I attest that I am  am not  able to perform the essential functions of the position with or without reasonable accommodation.

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

Ever Applied Before? Yes  No  If yes, when? \_\_\_\_\_

Ever worked here before? Yes  No  If yes, give dates, position and supervisor's name: \_\_\_\_\_

What prompted this application? \_\_\_\_\_

Employee Referral (name of employee): \_\_\_\_\_  Agency (identify by name): \_\_\_\_\_

Other (specify): \_\_\_\_\_  School (name of school): \_\_\_\_\_

Web site  Advertisement (identify source): \_\_\_\_\_

### GENERAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_

Message Phone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Are you 18 years of age or older? Yes  No

If hired can you provide proof that you are authorized to work in the United States? Yes  No

Have you ever been convicted of a felony? Yes  No  If yes, please explain: \_\_\_\_\_

(Conviction does not automatically bar you from employment consideration)

The Grand Ronde Tribe gives hiring preference to the following categories:

Grand Ronde Tribal members, Spouse of a Grand Ronde Tribal member, Parent or legal guardian of Grand Ronde Tribal member children, members of other federally recognized Tribes and honorably discharged Veteran's. If claiming one of the preference categories please list below and **attach documentation**:

Name of Tribe/Spouse/Tribal Children/Branch of Service

Ever serve in the U.S. Military? Yes  No  If yes, please complete information.

Branch of Military	Dates Served	Rank at Discharge
	From: To:	

## EDUCATION

	Name & Location of School	Course Major Studied	Years Completed	Diploma/Degree
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	

Did you attend under any other name? Yes  No  If yes, give name(s): \_\_\_\_\_

Do you have a First Aid/CPR Certificate? Yes  No

Specialized, work-related training, seminars, license, certifications, apprenticeships, memberships, skills or qualifications: \_\_\_\_\_

## COMPUTER SKILLS: Please circle each computer program that you are familiar with and then circle your skill level.

	Beginning	Intermediate	Advanced
Excel	1	2	3
Word	1	2	3
Access	1	2	3
Power Point	1	2	3

List other computer programs that you are familiar with

_____	1	2	3
_____	1	2	3
_____	1	2	3
_____	1	2	3

# SUPPLEMENTAL WORK HISTORY

Name: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

4. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City County State Zip

Employment Type: Full-time  Part-time  Temporary  On Call  Contract  Other

Last Salary: \$ \_\_\_\_\_ per: (check one) Hour  Week  Month  Year

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

Supervisor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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

5. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City County State Zip

Employment Type: Full-time  Part-time  Temporary  On Call  Contract  Other

Last Salary: \$ \_\_\_\_\_ per: (check one) Hour  Week  Month  Year

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

Supervisor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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

6. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City County State Zip

Employment Type: Full-time  Part-time  Temporary  On Call  Contract  Other

Last Salary: \$ \_\_\_\_\_ per: (check one) Hour  Week  Month  Year

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

Supervisor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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

# SUPPLEMENTAL WORK HISTORY

7. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City County State Zip

Employment Type: Full-time  Part-time  Temporary  On Call  Contract  Other

Last Salary: \$ \_\_\_\_\_ per: (check one) Hour  Week  Month  Year

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

Supervisor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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

8. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City County State Zip

Employment Type: Full-time  Part-time  Temporary  On Call  Contract  Other

Last Salary: \$ \_\_\_\_\_ per: (check one) Hour  Week  Month  Year

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

Supervisor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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

9. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City County State Zip

Employment Type: Full-time  Part-time  Temporary  On Call  Contract  Other

Last Salary: \$ \_\_\_\_\_ per: (check one) Hour  Week  Month  Year

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

Supervisor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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

# EMPLOYMENT INFORMATION

Beginning with last or current employer, list all past employment. (Attach additional sheets if needed.)

If you have additional employment, you must complete Supplemental Work History. Include military service assignments, self-employment, periods of unemployment or volunteer services paid or unpaid in your work history. (Please mark the box here  if you are enclosing additional information.)

1. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City County State Zip  
Employment Type: Full-time  Part-time  Temporary  On Call  Contract  Other   
Last Salary: \$ \_\_\_\_\_ per: (check one) Hour  Week  Month  Year   
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone required: ( ) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City County State Zip  
Employment Type: Full-time  Part-time  Temporary  On Call  Contract  Other   
Last Salary: \$ \_\_\_\_\_ per: (check one) Hour  Week  Month  Year   
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street City County State Zip  
Employment Type: Full-time  Part-time  Temporary  On Call  Contract  Other   
Last Salary: \$ \_\_\_\_\_ per: (check one) Hour  Week  Month  Year   
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Description of Duties: \_\_\_\_\_  
\_\_\_\_\_

Have you ever worked under any other name? Yes  No  If yes, give name(s): \_\_\_\_\_

**PLEASE MARK THE BOX IF YOU ARE ENCLOSING SUPPLEMENTAL WORK HISTORY**

# REFERENCE INFORMATION

List three *business/professional* references (do not include friends or relatives) who are familiar with your work abilities.

	Reference 1	Reference 2	Reference 3
Name			
Address			
Phone required	(     )	(     )	(     )
Relationship			

# CERTIFICATION & AUTHORIZATION

To document agreement, please read each statement and *initial in the box*, and sign your name below.

## CERTIFICATION & AUTHORIZATION

- If I am employed by the Confederated Tribes of Grand Ronde (CTGR), I agree to comply with all personnel policies and Tribal Law set forth by CTGR.
- I understand that if hired my first six (6) months 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 CTGR determines, in its sole discretion, there is reason for termination. I understand that no manager or representative of CTGR other than in writing signed by the Executive Officer of CTGR 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.
- I understand that CTGR maintains a drug-free workplace. CTGR believes that prohibiting the use or influence of alcohol, illegal drugs and controlled substances in the workplace will improve the safety, health and productivity of its employees. I understand that CTGR 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 the person(s) authorized by CTGR 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.
- 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 CTGR. 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.
- 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 CTGR any and all pertinent information they may have, personal or otherwise, and release from all liability or responsibility CTGR, its agent or entity and all persons, companies or organizations providing information to CTGR about me.

Signature of Applicant

Date

Printed Name (*first, middle and last*) of Applicant