

MICKEY GEMMILL
Tribal Chairperson

Lawrence Cantrell
Vice-Chairperson

Faith Santillan
Tribal Secretary



Pit River Tribe
36970 Park Ave
Burney CA 96013

Phone: 1(530) 335-5421
Fax: 1(530) 335-3140

EMPLOYMENT APPLICATION

Personal Information

ATWAMSINI

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 _____:

_____:

ASTARIWI

Mailing Address _____:

Street Number /Post Office Box

City

State

_____:

Zip Code

ATSUGEWI

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

Phone Number () _____:

APORIGE

EMPLOYMENT DESIRED

What employment will you accept? Full Time Part Time

If part time, state days and hours: _____:

Position sought: _____ Date Available: _____ Salary _____:

Referred By: _____ Ever Employed by this Agency Before

Yes NO How Long _____ Date of Termination _____:

Reason for leaving _____:

AJUMAWI

Supervisors Name: _____ Relative Affiliation with agency

(give name and relationship)

MADESI

HEWISEDAWI

ILLMAWI

ITSATAWI

KOSEALEKTE

HANMAWI

Clerical Applicants Only-Indicate below Specific Experience Which You Have Had

Check Here	Type of Experience	How Long	Check Here	Type of Experience	How Long
	Clerical Supervisor			Executive Secretary	
	Clerk			Dictat, Mach, Transcrib	
	Correspondence			Mail Clerk	
	Cost (Accts pay)			Ditto (Spirit)	
	File			Mimeograph	
	General			Photocopy	
	Statistical			Office Supervisor	
	Stock			Receptionist	
	Other			Other	

Indicate Below your Office Skills and Check Office Machines you can Operate:

Manual Typewriter Speed WPM

Electric Speed WPM

Shorthand Speed WPM

Steno Type Speed WPM

Other: _____.

10-Key Adding Model _____.

Calculator Model _____.

Other _____.

DRUG TESTING

As REQUIRED BY The PIT RIVER TRIBE 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
	Start-end date Salary - \$		
	Start-end date Salary - \$		
	Start-end date Salary - \$		
	Start-end date Salary - \$		

EDUCATION RELEVANT TO POSITION SOUGHT

Name of school & Address	From	To	Diploma Degree	Major

Information Verification	Not Required	Required	Complete & Attach Authorization
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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 Explain the Cicumstances

INDIAN PREFERENCE

In accordance with public law 92-261, "Indian Preference Act" this agency will recruit and give Preference to qualified American Indians In the employment and training.

Please complete the following if you are claiming eligibility for this preference

NAME _____

Degree of indian Blood _____ Agency _____

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 personal policies and Procedures of this agency

Certification

Date: _____

Signature: _____