



Human Resources Department
 36970 Park Avenue
 Burney, California 96013
 (530)335-5421 ext.1210/ (530)335-3140 Fax
twilson@pitrivertribe.org
<http://pitrivertribe.org/>

Application for employment

Applicant Name:	Date:
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Would you be interested in being contacted for other job-related opportunities: Yes/No circle one and indicate interest:

Position Applied for:				
E-Mail Address:				
Birth Date:	Tribal Affiliation:	Social Security No (last 4 digits):		
Street Address:	PO Box:	City:	State:	Zip:
Home Phone:	Cell Phone:	Message Phone:		

Enrollment Status (Please circle one): PRT Tribal Member _____ Native American _____	Race/Ethnicity _____
ID#	Tribe
<i>African-American, Asian, Caucasian, Latino/Hispanic, Other</i>	

Work Preference (Please rank 1-4):			
Full time	Part-time	Seasonal	Temporary
Veteran:	Valid CDL:	California Commercial DL:	
	CDL#:	CDL#:	Endorsement:

Education--Highest Grade Completed:			
NAME OF SCHOOL ATTENDED	COURSE OF STUDY	DEGREE/CERT. OBTAINED	YEAR OBTAINED

"PRIMARY" TRAINING COMPLETED (Workshops, Trainings, etc.)

TRAINING	WHERE	WHEN	CERT/CEUs

- **The PRT is a drug and alcohol-free workplace. Candidate must successfully pass a pre-employment drug and alcohol screening and be willing to submit to a criminal background check.**
- **Must possess a California Driver's License, a good driving record, and be insurable by the PRT insurance carrier for applicable positions.**
- **Adhere to all PRT policies and procedures.**

EMPLOYMENT HISTORY

Name of employer: Job title:		Name of supervisor: Phone Number:	
From (month/year):	To (month/year):	Total time in position:	Yr. Mo.
Reason for leaving position:			

List PRIMARY Job Tasks

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EMPLOYMENT PERMISSION/AGREEMENT STATEMENT

Indian Preference: Preference will be given to qualified Native American’s under the Federal Indian Preference Act (43 CFR 17.3 (d)). Applicants claiming Indian Preference must submit verification of Indian certification by tribe or affiliation or other acceptable documentation of Indian heritage.

I verify that the above information is accurate and complete. I understand that any misrepresentation or omission in connection with this job application, will result in being eliminated from further consideration. I further understand, if accepted for employment, any misrepresentation or omission of information will be cause for termination. I authorize the supervisors listed to provide information regarding my previous employment and pertinent information they have regarding me, for purposes of processing this job application. I release The Pit River from liability that may result from using this information to process this job application. With regard to my employment, I agree to abide by instructions and Pit River Tribe Employment Handbook of Personnel and Policies. Further, it is understood that no representative of the Tribe has any authority to enter into any agreement contrary to the foregoing.

Print Name

Signature

Date

Dependable Emergency Contact

Name:
Address:
Phone: