



THE COQUILLE INDIAN TRIBE

Human Resources Department

3050 Tremont, P.O. Box 783

North Bend, OR 97459

Phone: (541)756-0904

Fax: (541) 756-0847

APPLICATION FOR EMPLOYMENT

(Please Print or Type Clearly)

GENERAL INFORMATION

The Coquille Indian Tribe is an Equal Opportunity Employer. We do not discriminate on the basis of age, race, creed, color, sex, religion, disability, marital status, sexual orientation, veteran or other protected status. Indian preference is given within the organization.

Date: _____ Position Applying For: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Mailing Address (If different from present address): _____

Telephone Number: _____ Message Phone: _____

E-Mail: _____ Cell Phone: _____

Drivers License: _____
Number State Issued Expiration Date

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

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Other names you have worked under: _____

Date Available: _____ Salary desired: \$ _____

Ever applied before Yes No , If yes, when? _____

***The Coquille Indian Tribe is Proud to be a Drug-Free Workplace.
A Post Job Offer Pre-Employment Drug Screen and
Criminal/Character Background Check are Required***

The Coquille Indian Tribe Child Protection Ordinance requires you to complete this section of the application. Your application will not be processed if these questions are left blank. Your answers to these questions will be kept confidential as required by Coquille Tribal Law.

Have you ever been convicted of a felony? Yes No

If yes, list felony, location & date: _____

Have you ever been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or any crime against persons? Yes No

If yes, please describe the situation, including the disposition of the charge, date, location, and conviction(s). Attach additional pages if necessary. _____

EDUCATION / TRAINING

Circle - Last School Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6 Technical/Business: 1 2 3 4

Full Name and Location of School(s)		Course of Study	Did you graduate?	List Diploma or Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL SKILLS, QUALIFICATIONS AND TRAININGS: Summarize special job related skills, qualifications and certificates acquired from employment, education or other experience. _____

Computer Experience: _____

Please fully complete this application. DO NOT WRITE "SEE RESUME" or your application may be disqualified. However, a resume may be attached as a supplement along with any other documentation you wish to submit such as transcripts, certificates, training documentations etc.

EMPLOYMENT HISTORY

Name of PRESENT or LAST Employer			Address (Street, City, State, Zip)		
Type of Business:			Phone #:		
Starting Date:	Leaving Date:	Starting Pay:	Final (Current) Pay:	Reason for leaving or desiring to leave:	
Job Title:	Name of Immediate Supervisor:	Supervisor's Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After hire		
Describe your duties and responsibilities:					

Name of NEXT Previous Employer			Address (Street, City, State, Zip)	
Type of Business:			Phone #:	
Starting Date:	Leaving Date:	Starting Pay:	Final (Current) Pay:	Reason for leaving or desiring to leave:
Job Title:		Name of Immediate Supervisor:	Supervisor's Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After hire
Describe your duties and responsibilities:				

Name of NEXT Previous Employer			Address (Street, City, State, Zip)	
Type of Business:			Phone #:	
Starting Date:	Leaving Date:	Starting Pay:	Final (Current) Pay:	Reason for leaving or desiring to leave:
Job Title:		Name of Immediate Supervisor:	Supervisor's Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After hire
Describe your duties and responsibilities:				

Name of NEXT Previous Employer			Address (Street, City, State, Zip)	
Type of Business:			Phone #:	
Starting Date:	Leaving Date:	Starting Pay:	Final (Current) Pay:	Reason for leaving or desiring to leave:
Job Title:		Name of Immediate Supervisor:	Supervisor's Title:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> After hire
Describe your duties and responsibilities:				

APPLICANT

PLEASE READ CAREFULLY BEFORE YOU SIGN ON THE LINE PROVIDED

I hereby give my permission to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release the Coquille Indian Tribe, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigations or disclosure.

Applicant's Signature: _____ **Date:** _____

INDIAN PREFERENCE

If you wish to claim Indian Preference, check one:

- First preference: Enrolled Coquille Indian Tribal Member
My enrollment # is _____
- Second preference: Members of other Federally Recognized Tribes
My enrollment # is _____ Name of Tribe: _____
- Third preference: Individual married to a Coquille Indian Tribal Member
My spouse's enrollment # is _____
- Fourth preference: Veteran
- Fifth preference: All other applicants

**REFERENCES: Give Names, Addresses and Telephone number of three (3) work related references.
(references will be checked)**

Name	Address	Telephone Number

YOU MUST SIGN THIS APPLICATION READ CAREFULLY BEFORE YOU SIGN!

I certify that, to the best of my knowledge, all of my statements are true, correct, complete and made in good faith. I understand any false statement on this application may result in my not being hired, or in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I consent to the release of information concerning my personal history that I have listed on this application. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I release any person, firm, or institution from all liability from any damage for issuing such information.

Signature of Applicant _____

REFERRAL SOURCE

How did you learn of this position? (check all that apply)

- Local Newspaper Advertisement Tribal Mailing Tribal Newsletter Walk In Tribe's Website
- Individual referral (friend, employee, relative) Other Newspaper _____ Other _____

PERSONNEL USE ONLY

Position(s) applied for is open Yes No

Applicant meets minimum qualifications for this position Yes No

Interview Date/Time: _____

Notification Letter(s) sent: _____