

Klamath Tribes  
Gaming Regulatory Commission

P.O. Box 1048 • Chiloquin, Oregon 97624 • (541) 783-7545 • Fax (541) 783-7540

## APPLICATION FOR EMPLOYMENT

(Please print or type clearly)

Name: _____			Date: _____		
LAST	FIRST	MIDDLE	Social Security #: _____ / _____ / _____		
Mailing Address: _____			Telephone No. ( _____ ) _____		
STREET OR P.O. BOX					
CITY			STATE	ZIP	

Are you legally eligible for employment in the U.S.A.?  No  Yes  
(If yes, verification will be required)

Position Applied For: \_\_\_\_\_

Have you ever been employed by the Klamath Tribes before?  No  Yes  
(If yes, give titles and dates)

Title: \_\_\_\_\_ from \_\_\_\_\_ mo./yr. to \_\_\_\_\_ mo./yr.

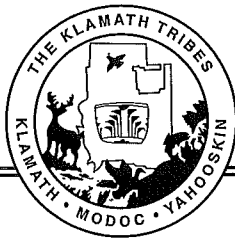
Title: \_\_\_\_\_ from \_\_\_\_\_ mo./yr. to \_\_\_\_\_ mo./yr.

If yes, have you ever been terminated for cause?  No  Yes \_\_\_\_\_ Year

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

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

List any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying.  
(Do not list any information the Federal and/or State law precludes obtaining in the pre-employment stage.)



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## RECORD OF EDUCATION

NAME AND ADDRESS OF SCHOOL		COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
<b>HIGH SCHOOL</b>			1	2	3	4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No					
<b>COLLEGE</b>			1	2	3	4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No					
<b>OTHER (SPECIFY)</b>			1	2	3	4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No					
Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____								
Describe any honors you have received: _____								
State any additional information you believe may be helpful to us in considering your application and/or attach related documents on your resume: _____								

### EMPLOYMENT HISTORY

*(Begin with your most recent employer)*

1. Name of Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_ Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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2. Name of Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_ Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

*(Continued)*

3. Name of Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Name of Supervisor: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_ Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL REFERENCES**

*(Not Former Employers or Relatives)*

NAME AND OCCUPATION	MAILING ADDRESS	PHONE NO.

In the event of an emergency, notify: 1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICANT**

**PLEASE READ CAREFULLY BEFORE YOU SIGN ON 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 Klamath Tribes, 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 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**INDIAN PREFERENCE POLICY**

In accordance with 42 USC Sec. 2000e2(i) whenever reasonable the Klamath Tribes will hire in the following order of priority:

- 1. Klamath Tribal members,
- 2. Other enrolled Indians, and
- 3. Non-Indian applicants.

If you wish to claim Indian Preference, check one:

I am an Enrolled Klamath Tribal Member. My Roll Number is #

I am enrolled with \_\_\_\_\_ Tribe,  
MY ENROLLMENT NUMBER in this tribe is #

I am a Klamath Descendant, not enrolled.  
I am a Descendant of \_\_\_\_\_

**YOU MUST SIGN THIS APPLICATION.**  
**PLEASE 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 that 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 and 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 understand and agree that my employment is at-will and can be terminated by either party at any time. 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 for any damage for issuing such information.

Signature of Applicant: \_\_\_\_\_

**THE FOLLOWING IS FOR PERSONNEL USE ONLY**

1. Position(s) Applied For Is Open:  Yes  No    2. Applicant Eligible For Hire In This Position:  Yes  No

3. If No, Letter of Explanation Sent: \_\_\_\_\_  
DATE

4. Positions Considered For: \_\_\_\_\_  
\_\_\_\_\_

5. Reference Checks Sent:  Yes  No

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_