



# COW CREEK BAND OF UMPQUA TRIBE OF INDIANS

2371 NE STEPHENS ST.  
ROSEBURG OR 97470  
541-672-9405

## APPLICATION FOR EMPLOYMENT

**PLEASE PRINT/This application must be fully completed by the person applying for employment**

### PERSONAL DATA

NAME (Last, First, Middle):		Date
Present <u>Mailing</u> Address (Street, City, State, Zip)		Email Address
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have ever worked under another name, please list <u>all</u> other names:	Telephone Number

### GENERAL INFORMATION

Department/Position Applying for	Date available to start work	Expected Earnings
What type of employment status are you seeking? (check one) <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL		
What shifts can you work? <input type="checkbox"/> DAYS <input type="checkbox"/> SWING <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> ANY SHIFT		
Overtime work may be required from time to time. Does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, explain:		

Cow Creek Band of Umpqua Tribe of Indians is located within sovereign territory. Preference in all aspects of employment will be given to qualified members of federally recognized tribes and spouses of Cow Creek Tribal Members.

Are you Native American?  Yes  No If yes, give tribe and registration number: \_\_\_\_\_

Are you a spouse of a Cow Creek Tribal Member?  Yes  No If yes, please list spouses name and registration number. \_\_\_\_\_

If hired, can you produce documents to establish your identity and authorization of your legal right to work in the United States?  
 Yes  No

Have you ever been employed by another entity owned by the Cow Creek Band of Umpqua Tribe of Indians?  Yes  No  
 If yes, give when and where, position and dates worked. \_\_\_\_\_

Have you reviewed a job description which describes the essential functions of the position for which you are applying?  
 Yes  No

Are you able to perform the essential functions of the position for which you are applying?  Yes  No

Have you ever been discharged or forced to resign from a position?  Yes  No

**GENERAL INFORMATION (CONT.)**

(The existence of a conviction or pending charge will not necessarily preclude you from employment: the nature of the crime and its relationship to the position applied for, the degree of rehabilitation that has occurred and the time elapsed since the crime or release from confinement will all be considered.)

Have you ever been convicted of any criminal offense other than traffic violations within the past ten years?

Yes     No            If yes list city, count, state (on a separate sheet of paper)

Have you been released from confinement following a conviction for any criminal offense within the past ten years?  Yes     No

Are you presently charged with or under investigation for any violation of the law other than traffic violations?     Yes     No  
If yes attach an explanation (on a separate sheet of paper)

**WORK HISTORY** A resume may be included as a supplement to the completed application. However, a resume will not be accepted in lieu of completion of the information below. List all jobs and activities, including military service. Begin listing your work history with the most recent first and go back for the **last ten years**. Attach additional sheets if necessary.

Name of PRESENT or LAST employer				Address (Street, City, State, Zip)	Phone
Starting Date Month/Year	Ending Date Month/Year	Starting Pay	Final (or current ) Pay	Reason for leaving or desiring to leave:	
Job Title (Present or Last)		Name of Immediate Supervisor		Supervisors Title	May we contact? __Yes    __No    __After Hire
Type of Business		Describe your duties and responsibilities:			

Name of Next Previous employer				Address (Street, City, State, Zip)	Phone
Starting Date Month/Year	Ending Date Month/Year	Starting Pay	Final (or current ) Pay	Reason for leaving:	
Job Title (Present or Last)		Name of Immediate Supervisor		Supervisors Title	May we contact? __Yes    __No    __After Hire
Type of Business		Describe your duties and responsibilities:			

Name of Next Previous employer				Address (Street, City, State, Zip)	Phone
Starting Date Month/Year	Ending Date Month/Year	Starting Pay	Final (or current ) Pay	Reason for leaving:	
Job Title (Present or Last)		Name of Immediate Supervisor		Supervisors Title	May we contact? __Yes    __No    __After Hire
Type of Business		Describe your duties and responsibilities:			

**EDUCATION / TRAINING**

Circle last 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
If you did not graduate from high school, do you have a high school equivalency diploma (G.E.D.)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, where from?					
	FULL NAME AND LOCATION OF SCHOOL (S)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR SUBJECTS	DEGREE OR CERTIFICATION	
HIGH SCHOOL					
COLLEGE					
OTHER					

**RELATIVES / FRIENDS**

Cow Creek Band of Umpqua Tribe of Indians does not discriminate against applicants on the basis of family relationship. However, in accordance with policy, we will not hire or continue to employ an individual when doing so would place a family member/friend/roommate in a position of exercising supervisory, appointment, or grievance adjustment authority over the other.

Do you have any friends, relatives or roommates who are presently employed by another entity owned by the Cow Creek Band of the Umpqua Tribe of Indians?    Yes     No    If yes, please state his/her name(s).

\_\_\_\_\_

**UNEMPLOYMENT**

If there have been breaks in employment or periods of unemployment, explain what you were doing.

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL QUALIFICATIONS**

List any additional experience, special training, skills or qualifications that you feel would qualify you for work with Cow Creek Band of Umpqua Tribe of Indians. Include hobbies, volunteer or recreation as it may relate to the position.

\_\_\_\_\_

\_\_\_\_\_

**REFERRAL SOURCE**

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

Local Newspaper Advertisement     Walk In     Government Agency     Other \_\_\_\_\_  
 Radio Advertisement     UIDC Website     Cow Creek Website     Private Agency  
 Individual Referral (friend, employee, relative). If employee, give name \_\_\_\_\_

**APPLICANTS CERTIFICATION AND AGREEMENT - READ CAREFULLY**

1. As a condition of and the Cow Creek Band of Umpqua Tribe of Indians consideration of my application for employment, I give permission to the Cow Creek Band of Umpqua Tribe of Indians to investigate my personal employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give my permission to the Cow Creek Band of Umpqua Tribe of Indians to conduct this investigation and to discuss the results of this investigation in connection with my application for employment and release the Cow Creek Band of Umpqua Tribe of Indians from all liability which might result.
2. I give permission to the Cow Creek Band of Umpqua Tribe of Indians to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with Cow Creek Band of Umpqua Tribe of Indians, consent to the release of such information orally or in writing and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the Cow Creek Band of Umpqua Tribe of Indians. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employees to the Cow Creek Band of Umpqua Tribe of Indians.
3. I give permission to any agent, attorney or representative of the Cow Creek Band of Umpqua Tribe of Indians to receive a copy of any information about me which may be contained in the file(s) of any Tribal, federal, state or local court, governmental agency, law enforcement agency or investigator. I hereby delegate the Cow Creek Band of Umpqua Tribe of Indians as agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity, and/or abilities.
4. I understand that the Cow Creek Band of Umpqua Tribe of Indians uses surveillance equipment as a part of its daily operation and that I may be audio and/or videotaped while on property.
5. I certify that the facts and information in this application and any attachments or supporting documents are true and completed to the best of my knowledge. I understand that any falsification, misrepresentation, misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.
6. In consideration of my employment, I agree to conform to the rules and regulations of the Cow Creek Band of Umpqua Tribe of Indians, and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either the Cow Creek Band of Umpqua Tribe of Indians or myself.
7. I agree to conform to all existing and future Cow Creek Band of Umpqua Tribe of Indians policies and rules and I understand that such policies and rules may be changed, interpreted, withdrawn, or added to, as the Cow Creek Band of Umpqua Tribe of Indians deems appropriate. I also understand that the Cow Creek Band of Umpqua Tribe of Indians reserves the right to change wages, hours, and working conditions as deemed necessary.
8. I understand and agree that I may be required to submit to a post-offer medical examination and/or medical inquiry. I also understand that if I am accepted for employment, I may be required to submit to further medical examinations and/or medical inquiries during the course of my employment that are job-related and consistent with business necessity.
9. I understand that the Cow Creek Band of Umpqua Tribe of Indians has adopted a Drug-Free Workplace Policy applicable to all of its associates and applications. I agree and consent to taking any blood, breath, or urinalysis test requested by the Cow Creek Band of Umpqua Tribe of Indians as a part of pre-employment assessment or otherwise and authorize release of any test results to the Cow Creek Band of Umpqua Tribe of Indians. If hired, I hereby give my consent to any drug and alcohol testing as may be required (random or for suspicion) and authorize release of any such test results to the Cow Creek Band of Umpqua Tribe of Indians.
10. I acknowledge that a photostatic copy of this statement shall be held as valid as the original.

Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_