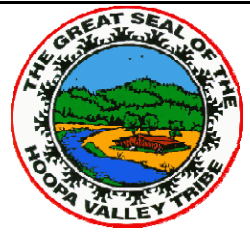


# HOOPA VALLEY TRIBE

## HUMAN RESOURCES

P.O. BOX 218 HOOPA, CALIFORNIA 95546  
 PHONE NUMBER (530) 625-9200 FAX (530) 625-4269



POSITION APPLIED FOR \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

SALARY DESIRED \_\_\_\_\_

Is the position you are applying for in the Child Care Field? If yes, please complete the supplemental Questionnaire. If no, skip to next section.

Yes  No

Name Last First Middle	Social Security Number
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Present Mailing Address P.O. Box City State Zip	Phone Number
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Are you aware of an immediate family member working as a supervisor of the department you are applying for? If yes name and relationship:

Have you ever applied for work With the Hoopa Valley Tribe before? Yes No	If Yes, Give Dates and Departments
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Are You Under 18? Yes No	Is Indian Preference Requested? Yes No	Date Available for Employment
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<b>Past Employment History</b>	PLEASE LIST YOUR EMPLOYERS, STARTING WITH YOUR MOST RECENT POSITION CONTINUE ON SEPARATE SHEET IF NECESSARY-ATTACH RESUME IF REQUIRED
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From Month Year	NAME AND ADDRESS OF COMPANY	TELEPHONE
To Month Year	PRIMARY DUTY PERFORMED	
	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
From Month Year	NAME AND ADDRESS OF COMPANY	TELEPHONE
To Month Year	PRIMARY DUTY PERFORMED	
	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
From Month Year	NAME AND ADDRESS OF COMPANY	TELEPHONE
To Month Year	PRIMARY DUTY PERFORMED	
	IMMEDIATE SUPERVISOR	REASON FOR LEAVING

### LIST THREE REFERENCES

NAME	COMPANY NAME	MAILING ADDRESS	TELEPHONE AREA CODE ( )	YEARS KNOWN
TITLE/POSITION	TYPE OF BUSINESS		NUMBER	
NAME	COMPANY NAME	MAILING ADDRESS	TELEPHONE AREA CODE ( )	YEARS KNOWN
TITLE/POSITION	TYPE OF BUSINESS		NUMBER	
NAME	COMPANY NAME	MAILING ADDRESS	TELEPHONE AREA CODE ( )	YEARS KNOWN
TITLE/POSITION	TYPE OF BUSINESS		NUMBER	

**Please Indicate Your Education and Training Background**

KIND OF SCHOOL	NAME OF SCHOOL	LOCATION	DATE STARTED	DATE LEFT	DATE GRADUATED	COURSES TAKEN
HIGH SCHOOL						
COLLEGE						
OTHER TRAINING						

Are there other Experiences, Skills or Qualifications, which you feel would especially suit you for work with the Hoopa Valley Tribe?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In Case of Emergency contact:

VALID CA	YES	LICENSE #	_____	LIST ENDORSEMENTS
DRIVERS LICENSE	NO	OTHER	_____	
CLASS	A B C	STATE	_____	
LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.	YES NO	WILL ACCEPT	FULL-TIME REGULAR EMPLOYMENT	PART-TIME TEMPORARY EMPLOYMENT

**PLEASE READ THIS CAREFULLY BEFORE SIGNING.**  
 Your application will be given every consideration, but our receipt of it does not guarantee that you will be employed. Indian preference will be given consistent with the Tribal TERO Ordinance and the Indian Self Determination, Education and Assistance Act. The Hoopa Valley Tribal Council is an equal employment opportunity employer and considers all applicants on the basis of job qualification and without regard to race, color religions, sex, national origin, age, disability or genetics.

I certify that all statements made by me on this application are true, complete and correct to the best of my knowledge. I hereby grant permission to the Hoopa Valley Tribal Council and its personnel to confirm by personal inquiry or otherwise, the information I have given in the employment process. I understand that any willful misrepresentation of facts given in this process is grounds for rejection of the application or dismissal of employed. I release all persons connected with any requests for information from all claims, liability, and damages for whatever reason arising out of furnishing the information. I understand that if hired, such employment is conditioned upon a favorable pre-employment evaluation.

**I hereby acknowledge that I have read and understand the above statement.**

**We appreciate your interest and the time you have taken to prepare this application. Thank You.**

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

DO NOT WRITE BELOW THIS LINE

DATE OF INTERVIEW	ATTENDED INTERVIEW	EXCUSED ABSENCE
_____	YES NO	YES NO
_____	YES NO	YES NO
_____	YES NO	YES NO