

Hoopa Valley Tribal Council
HUMAN RESOURCE PROGRAM

71 Willow St. ~ PO Box 218 ~ Hoopa, CA 95546
Phone (530) 625-9200 ~ Fax (530) 625-4269



HOOPA VALLEY TRIBE
BOARD, COMMITTEE, COMMISSION APPLICATION

The purpose of this form is to obtain general information from applicants, concerning interest and qualifications which will assist the Tribal Council in making board, committee & commission appointments. Resume or other data may be attached to this form.

Name of Board, Committee, Commission:

NAME: _____ SS # _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

OCCUPATION: _____ EMPLOYER: _____

Are you an enrolled Hupa Tribal Member? Yes No

- 1. In accordance with Title 30A, Section 1.1.3 Definitions, the Hoopa Valley Tribal Council has determined that only Committees, Boards and Commissions of the Hoopa Valley Tribe who have direct contact with children shall be subject to sub-section (d) Covered Position and as such shall comply and be subject to all provisions in accordance with Title 30A-Employment Background Check Policy. This determination is due to their placement in the chain of command over persons, departments, and/or entities described in Title 30A. Tribal Council reserves the right to determine that the excepted boards and committees comply with a trust background policy at the discretion of the Tribal Council.***

Currently serving and/or newly appointed Committee, Board and Commission members of the Hoopa Valley Tribe shall immediately comply with Title 30A. Those who refuse to comply or cannot meet the requirements of Title 30A **shall not be sworn into office or shall immediately be removed.**

Title 30-A Clearance: Yes No Pending

If Yes, Date of Clearance: _____ If Pending, Date Submitted: _____

Please list any knowledge, experience, or education in the field related to the vacancy you are applying for:

Note: a person is limited to serving on only two committees, commissions or boards at one time. Tribe's Alcohol & Drug Policy applies. The Referendum on Conflict of Interest and Nepotism applies. Return completed form to the Tribe's Personnel Dept., or mail to: Hoopa Valley Tribe Human Resources Department P.O. Box 218, Hoopa, CA.95546.

Do you have any unresolved debts with the Hoopa Valley Tribe? Yes No If so, please list:

Briefly tell us why you are interested in serving on this Committee, Commission, or Board:

Are you currently serving on any other board, committee or commission? Yes No

If yes, identify here: _____

Are there any immediate family members currently serving on this board, commission or committee? Yes No

List family member and relationship: _____

Does an immediate family member hold a position within the department, related to the vacancy you have applied for? Yes No

If yes, name of family member and relationship:

Are you or any immediate family members involved in any litigation with the department related to the vacancy you have applied for? Yes No

If yes, please identify involved party: _____

The above listed areas of potential conflict of interest are not all inclusive, if you believe or know of other interests you or a member of your immediate family might have, please list them below:

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 relief of appointment. 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 hereby acknowledge that I have read and understand the above statement.

Applicant's Signature

Date:

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