

*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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