



Hoopa Tribal TANF Employment & Training
119 Hostler Field | P.O. Box 728 | Hoopa, Ca 95546
Phone (530) 625-4816 | Fax (530) 625-4826

2026 Summer Youth Employment Program

Ages 16 - 24

Application Checklist

- _____ Application
- _____ Mandatory Trainings (April 6th—9th): Substance Abuse Orientation
- _____ Tribal Affiliation Confirmation Form (w/ supporting documentation)
- _____ Participant Release and Waiver of Liability Form
- _____ Residency Declaration Form (w/ proof of residency)
- _____ Income Certified True Statement Form (w/ proof of income)
- _____ Hoopa Valley Tribe Job Application
- _____ Tribal Identification Card or Birth Certificate
- _____ Valid Driver's License (if applicable)
- _____ Social Security Card
- _____ Work Permit (if under 18)

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Hoopa Valley Tribal TANF Employment & Training
Summer Youth Employment Application
Ages: 16-24

Personal Info:

Full Legal Name: _____ CIF# _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Tribal Affiliation: _____ Roll #: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Best Contact #: (_____) _____ - _____ Type: Home / Cell / Message

1. Alternate Contact Name: _____
 Relationship: _____
 Phone #: (_____) _____ - _____ Type: Home / Cell

2. Alternate Contact Name: _____
 Relationship: _____
 Phone #: (_____) _____ - _____ Type: Home / Cell

Emergency Contact Information—In case of an emergency, please contact:

1. Name: _____ Relationship: _____
 Phone: (_____) _____ - _____

2. Name: _____ Relationship: _____
 Phone: (_____) _____ - _____

3. Name: _____ Relationship: _____
 Phone: (_____) _____ - _____

Medical Conditions and/or Disabilities:

1. Are there any social/emotional/physical barriers that the Hoopa TANF Employment & Training Department needs to be aware of? (Please explain):

2. Please List any allergies or dietary restrictions:

At Risk Indicators—please check all that apply:

I live _____:

- in an area with high crime rate on or near an Indian Reservation with a caretaker/relative in an unstable school district

I have _____:

- an absent parent (single parent children) substance abuse issues
 low academic skills (not necessarily low intelligence)
 negative self-perceptions; low self-esteem experienced domestic violence
 previous involvement in the Juvenile Justice System

I am _____:

- experiencing homeless/housing issues a member of a low-income family
 pregnant/teen parent

My _____:

- parents are not high school graduates

Legal:

1. Are there any current pending legal issues that we need to be aware of? Yes No

If yes, please explain:

Work History:

1. Were you a previous Summer Youth Participant? Yes No
(If so, please check the box next to the program(s) you previously participated in?:
 Employment Training

(work history continued)

Which year(s)? _____ Work site/Training?: _____

2. Last place of employment and work information?

Name of Employer: _____

Address of Worksite: _____

Supervisor: _____

Position: _____

Contact phone #: (_____) _____ - _____

Reason for leaving: _____

Transportation:

1. What is your main method of transportation? _____

2. Do you have a valid California driver's license? Yes No

If yes: Drivers license #: _____ State: _____

If no, please explain why.

3. Do you have vehicle insurance? Yes No

If yes, you need to provide proof of insurance:

Insurance Name: _____

Policy #: _____

Expiration: _____

Attendance:

Regular attendance is required to remain eligible for the program. However, HVTTP ET Department is understanding and will do our best to accommodate any schedule conflicts. Are there any conflicting activities that may cause you to miss work? Please explain:

Mandatory Trainings for Program Eligibility:

The following trainings are mandatory for program eligibility; there will be NO monetary compensation for attendance:

- 1. HVTTP’s Substance Abuse Training
- 2. Orientation

These trainings will be scheduled during Spring Break, April 6th—9th, 2026.

PLEASE LET US KNOW IF THERE IS ANY REASON YOU WILL BE UNABLE TO ATTEND:

Personal Statement:

Write a brief statement clarifying your job interests (what type of work you are interested in and why), what you like to do, your skillset (what you are good at), and any past experience—please include what you liked or did not like doing (e.g. you worked at a store and you liked taking inventory and filing, but you didn’t like stocking and facing the shelves, or you attended a First Aid/CPR training and learned you are interested in learning more about the medical field...etc.)

Lastly, include a brief summary (2-3 sentences) of what you are expecting from The Hoopa Valley Tribal TANF’s Summer Youth Employment & Training Program.

By signing below I acknowledge that all the information provided is true to the best of my knowledge and I give permission to the Hoopa Tribal TANF program to confirm information provided. I agree to abide by the HVT Personnel Policies & Procedures; Code of Conduct Ordinance, and the Drug and Alcohol Policy.

Signature of Applicant

Date

Signature of Parent (if applicant is under 18)

Date



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Summer Youth Employment & Training

Tribal Affiliation Confirmation Form

Date: _____

Name: _____ CIF# _____

Social Security #: XXX - XX- _____ Date of Birth: _____

Mailing Address: _____

Tribal Affiliation: _____ Tribal Roll #: _____

If not enrolled in a federally recognized Tribe or California Judgment Roll; is there anyone residing in your household that is enrolled? Yes or No

If yes, what is your relationship?: _____

Tribal Affiliation of family member: _____ Tribal Roll #: _____

Please provide a copy of Tribal enrollment

As per the current Hoopa Valley Tribal TANF Program (HVTTP) plan, *“The HVTTP will provide Tribal TANF assistance and services to all eligible Hoopa Valley Tribal members, eligible members of federally recognized tribes, Alaska Natives, members of the California Judgment Roll, their **descendants** and families who reside on the Hoopa Valley Indian Reservation.”*

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PARTICIPANT RELEASE AND WAIVER OF LIABILITY FORM

Please read carefully! This is a legal document that affects your legal rights!

This Release and Waiver of Liability (the "Release") executed on this ____ day of _____, 20__ on behalf of _____ (the "Participant"), releasing the Hoopa Valley Tribe (the "Tribe") and each of its departments, subsidiaries, entities, directors, officers, employees, and co-operators of any and all liability arising out of the Participant's participation in _____ (the "Event") held from _____ to _____.

1. **Waiver and Release:** The Participant releases and forever discharges and holds harmless the Tribe and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a participant in the Event, including claims arising out of negligence. I/We understand and acknowledge that this Release discharges the Tribe from any liability or claim that I/we may have against the Tribe with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's involvement in the Event.
2. **Insurance:** I/We affirm that the Participant is covered by primary medical insurance and/or understand that I am responsible for the Participant's medical bills if injury occurs. Further, I/we understand that the Tribe does not assume any responsibility for or obligation to provide the Participant with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Participant's injury, illness, death or damage to his or her property. We expressly waive any such claim for compensation or liability on the part of the Tribe beyond what may be offered freely by the Tribe in the event of such injury or medical expenses incurred by the Participant.
3. **Assumption of Risk:** I/We, affirm that the Participant understands that the activities provided by the Event and which the Participant is involved in may include activities that are inherently dangerous to the Participant, including but not limited to **transport and tournament**. I/We hereby expressly assume the risk of injury or harm of the Participant from these activities and Release the Tribe from all liability for injury, illness, death, or property damage resulting from these activities.
4. **Photographic Release:** I/We grant and convey to the Tribe all right, title, and interest in any and all photographs, images, video or audio recordings of the Participant or his or her likeness or voice made by the Tribe in connection with the Participant's involvement in the Event, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
5. **Medical Treatment:** I/We hereby release and forever discharge the Tribe from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant's activity with the Event. I/We give our consent for the Tribe to provide, administer, or obtain medical treatment for the Participant.
6. **Other:** I/We, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Hoopa Valley Tribe or other applicable laws and that this Release shall be governed by and interpreted in accordance with the laws of the Hoopa Valley Tribe. We agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

(If Participant is a minor, the Participant's Guardian must sign and complete below)

I, the Guardian of the above-named Participant, do hereby give my consent to his/her participation in all activities of the Event. The Participant and the Guardian desire that the Participant engage in activities related to serving or participating in the Event as a player or participant. The Participant and the Guardian are responsible for the Participant's own insurance coverage in the event of personal injury or illness as a result of participation in activities of the Event.

By signing below, I, the Guardian of the above-named Participant, express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

Participant's / Legal Guardian's Signature

Date

Print Name: First MI Last

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Summer Youth Employment & Training
RESIDENCY DECLARATION FORM

Name: _____ Date: _____

Address: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

I, _____ hereby declare that I physically reside at:

located (check one): on the Hoopa Valley Reservation. in Humboldt County.

Head of Household Signature: _____ Date: _____

HVTTP Representative Signature: _____ Date _____

*****PROOF OF RESIDENCY MUST BE SUBMITTED WITH THIS FORM. (I.E. PG&E bill, Tribal ID, or other document displaying your physical address)**

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**Summer Youth Employment & Training
 Income Certified True Statement**

Head of Household Name: _____ Date: _____

Youth Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

I, the undersigned hereby certify that my household income is under 300% (see reverse side for poverty table). List name, source, amount and total number of household members.

1. _____
2. _____
3. _____

*****ALL INCOME MUST BE ATTACHED TO THIS STATEMENT FORM**

Head of Household Signature: _____ Date: _____

HVTTP Representative Signature: _____ Date _____

2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%
1	7,980.00	11,970.00	15,960.00	19,950.00	20,748.00	21,226.80	21,546.00	22,024.80	23,940.00	27,930.00	28,728.00
2	10,820.00	16,230.00	21,640.00	27,050.00	28,132.00	28,781.20	29,214.00	29,863.20	32,460.00	37,870.00	38,952.00
3	13,660.00	20,490.00	27,320.00	34,150.00	35,516.00	36,335.60	36,882.00	37,701.60	40,980.00	47,810.00	49,176.00
4	16,500.00	24,750.00	33,000.00	41,250.00	42,900.00	43,890.00	44,550.00	45,540.00	49,500.00	57,750.00	59,400.00
5	19,340.00	29,010.00	38,680.00	48,350.00	50,284.00	51,444.40	52,218.00	53,378.40	58,020.00	67,690.00	69,624.00
6	22,180.00	33,270.00	44,360.00	55,450.00	57,668.00	58,998.80	59,886.00	61,216.80	66,540.00	77,630.00	79,848.00
7	25,020.00	37,530.00	50,040.00	62,550.00	65,052.00	66,553.20	67,554.00	69,055.20	75,060.00	87,570.00	90,072.00
8	27,860.00	41,790.00	55,720.00	69,650.00	72,436.00	74,107.60	75,222.00	76,893.60	83,580.00	97,510.00	100,296.00
9	30,700.00	46,050.00	61,400.00	76,750.00	79,820.00	81,662.00	82,890.00	84,732.00	92,100.00	107,450.00	110,520.00
10	33,540.00	50,310.00	67,080.00	83,850.00	87,204.00	89,216.40	90,558.00	92,570.40	100,620.00	117,390.00	120,744.00
11	36,380.00	54,570.00	72,760.00	90,950.00	94,588.00	96,770.80	98,226.00	100,408.80	109,140.00	127,330.00	130,968.00
12	39,220.00	58,830.00	78,440.00	98,050.00	101,972.00	104,325.20	105,894.00	108,247.20	117,660.00	137,270.00	141,192.00
13	42,060.00	63,090.00	84,120.00	105,150.00	109,356.00	111,879.60	113,562.00	116,085.60	126,180.00	147,210.00	151,416.00
14	44,900.00	67,350.00	89,800.00	112,250.00	116,740.00	119,434.00	121,230.00	123,924.00	134,700.00	157,150.00	161,640.00

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%
1	31,920.00	35,910.00	39,900.00	43,890.00	47,880.00	51,870.00	55,860.00	59,850.00	63,840.00	79,800.00	95,760.00
2	43,280.00	48,690.00	54,100.00	59,510.00	64,920.00	70,330.00	75,740.00	81,150.00	86,560.00	108,200.00	129,840.00
3	54,640.00	61,470.00	68,300.00	75,130.00	81,960.00	88,790.00	95,620.00	102,450.00	109,280.00	136,600.00	163,920.00
4	66,000.00	74,250.00	82,500.00	90,750.00	99,000.00	107,250.00	115,500.00	123,750.00	132,000.00	165,000.00	198,000.00
5	77,360.00	87,030.00	96,700.00	106,370.00	116,040.00	125,710.00	135,380.00	145,050.00	154,720.00	193,400.00	232,080.00
6	88,720.00	99,810.00	110,900.00	121,990.00	133,080.00	144,170.00	155,260.00	166,350.00	177,440.00	221,800.00	266,160.00
7	100,080.00	112,590.00	125,100.00	137,610.00	150,120.00	162,630.00	175,140.00	187,650.00	200,160.00	250,200.00	300,240.00
8	111,440.00	125,370.00	139,300.00	153,230.00	167,160.00	181,090.00	195,020.00	208,950.00	222,880.00	278,600.00	334,320.00
9	122,800.00	138,150.00	153,500.00	168,850.00	184,200.00	199,550.00	214,900.00	230,250.00	245,600.00	307,000.00	368,400.00
10	134,160.00	150,930.00	167,700.00	184,470.00	201,240.00	218,010.00	234,780.00	251,550.00	268,320.00	335,400.00	402,480.00
11	145,520.00	163,710.00	181,900.00	200,090.00	218,280.00	236,470.00	254,660.00	272,850.00	291,040.00	363,800.00	436,560.00
12	156,880.00	176,490.00	196,100.00	215,710.00	235,320.00	254,930.00	274,540.00	294,150.00	313,760.00	392,200.00	470,640.00
13	168,240.00	189,270.00	210,300.00	231,330.00	252,360.00	273,390.00	294,420.00	315,450.00	336,480.00	420,600.00	504,720.00
14	179,600.00	202,050.00	224,500.00	246,950.00	269,400.00	291,850.00	314,300.00	336,750.00	359,200.00	449,000.00	538,800.00

Note: Each individual program—e.g., SNAP, Medicaid—determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Month

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%
1	665.00	997.50	1,330.00	1,662.50	1,729.00	1,768.90	1,795.50	1,835.40	1,995.00	2,327.50	2,394.00
2	901.67	1,352.50	1,803.33	2,254.17	2,344.33	2,398.43	2,434.50	2,488.60	2,705.00	3,155.83	3,246.00
3	1,138.33	1,707.50	2,276.67	2,845.83	2,959.67	3,027.97	3,073.50	3,141.80	3,415.00	3,984.17	4,098.00
4	1,375.00	2,062.50	2,750.00	3,437.50	3,575.00	3,657.50	3,712.50	3,795.00	4,125.00	4,812.50	4,950.00
5	1,611.67	2,417.50	3,223.33	4,029.17	4,190.33	4,287.03	4,351.50	4,448.20	4,835.00	5,640.83	5,802.00
6	1,848.33	2,772.50	3,696.67	4,620.83	4,805.67	4,916.57	4,990.50	5,101.40	5,545.00	6,469.17	6,654.00
7	2,085.00	3,127.50	4,170.00	5,212.50	5,421.00	5,546.10	5,629.50	5,754.60	6,255.00	7,297.50	7,506.00
8	2,321.67	3,482.50	4,643.33	5,804.17	6,036.33	6,175.63	6,268.50	6,407.80	6,965.00	8,125.83	8,358.00
9	2,558.33	3,837.50	5,116.67	6,395.83	6,651.67	6,805.17	6,907.50	7,061.00	7,675.00	8,954.17	9,210.00
10	2,795.00	4,192.50	5,590.00	6,987.50	7,267.00	7,434.70	7,546.50	7,714.20	8,385.00	9,782.50	10,062.00
11	3,031.67	4,547.50	6,063.33	7,579.17	7,882.33	8,064.23	8,185.50	8,367.40	9,095.00	10,610.83	10,914.00
12	3,268.33	4,902.50	6,536.67	8,170.83	8,497.67	8,693.77	8,824.50	9,020.60	9,805.00	11,439.17	11,766.00
13	3,505.00	5,257.50	7,010.00	8,762.50	9,113.00	9,323.30	9,463.50	9,673.80	10,515.00	12,267.50	12,618.00
14	3,741.67	5,612.50	7,483.33	9,354.17	9,728.33	9,952.83	10,102.50	10,327.00	11,225.00	13,095.83	13,470.00

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%
1	2,660.00	2,992.50	3,325.00	3,657.50	3,990.00	4,322.50	4,655.00	4,987.50	5,320.00	6,650.00	7,980.00
2	3,606.67	4,057.50	4,508.33	4,959.17	5,410.00	5,860.83	6,311.67	6,762.50	7,213.33	9,016.67	10,820.00
3	4,553.33	5,122.50	5,691.67	6,260.83	6,830.00	7,399.17	7,968.33	8,537.50	9,106.67	11,383.33	13,660.00
4	5,500.00	6,187.50	6,875.00	7,562.50	8,250.00	8,937.50	9,625.00	10,312.50	11,000.00	13,750.00	16,500.00
5	6,446.67	7,252.50	8,058.33	8,864.17	9,670.00	10,475.83	11,281.67	12,087.50	12,893.33	16,116.67	19,340.00
6	7,393.33	8,317.50	9,241.67	10,165.83	11,090.00	12,014.17	12,938.33	13,862.50	14,786.67	18,483.33	22,180.00
7	8,340.00	9,382.50	10,425.00	11,467.50	12,510.00	13,552.50	14,595.00	15,637.50	16,680.00	20,850.00	25,020.00
8	9,286.67	10,447.50	11,608.33	12,769.17	13,930.00	15,090.83	16,251.67	17,412.50	18,573.33	23,216.67	27,860.00
9	10,233.33	11,512.50	12,791.67	14,070.83	15,350.00	16,629.17	17,908.33	19,187.50	20,466.67	25,583.33	30,700.00
10	11,180.00	12,577.50	13,975.00	15,372.50	16,770.00	18,167.50	19,565.00	20,962.50	22,360.00	27,950.00	33,540.00
11	12,126.67	13,642.50	15,158.33	16,674.17	18,190.00	19,705.83	21,221.67	22,737.50	24,253.33	30,316.67	36,380.00
12	13,073.33	14,707.50	16,341.67	17,975.83	19,610.00	21,244.17	22,878.33	24,512.50	26,146.67	32,683.33	39,220.00
13	14,020.00	15,772.50	17,525.00	19,277.50	21,080.00	22,782.50	24,535.00	26,287.50	28,040.00	35,050.00	42,060.00
14	14,966.67	16,837.50	18,708.33	20,579.17	22,450.00	24,320.83	26,191.67	28,062.50	29,933.33	37,416.67	44,900.00

Note: Each individual program—e.g., SNAP, Medicaid—determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

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
------	------	-------	--------	------------------------

Present Mailing Address	P.O. Box	City	State	Zip	Phone Number
-------------------------	----------	------	-------	-----	--------------

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 <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Give Dates and Departments
--	------------------------------------

Are You Under 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Indian Preference Requested? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Available for Employment
--	--	-------------------------------

Past Employment History PLEASE LIST YOUR EMPLOYERS, STARTING WITH YOUR MOST RECENT POSITION
CONTINUE ON SEPARATE SHEET IF NECESSARY-ATTACH RESUME IF REQUIRED

From	Month	Year	NAME AND ADDRESS OF COMPANY	TELEPHONE
To			PRIMARY DUTY PERFORMED	
Month			IMMEDIATE SUPERVISOR	REASON FOR LEAVING
Year				
From				
Month			NAME AND ADDRESS OF COMPANY	
Year			TELEPHONE	
To			PRIMARY DUTY PERFORMED	
Month			IMMEDIATE SUPERVISOR	REASON FOR LEAVING
Year				
From				
Month			NAME AND ADDRESS OF COMPANY	
Year			TELEPHONE	
To			PRIMARY DUTY PERFORMED	
Month			IMMEDIATE SUPERVISOR	REASON FOR LEAVING
Year				

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 DRIVERS LICENSE	<input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE # _____ OTHER _____	STATE _____	LIST ENDORSEMENTS _____
CLASS	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.	<input type="checkbox"/> YES <input type="checkbox"/> NO	WILL ACCEPT	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> REGULAR EMPLOYMENT	<input type="checkbox"/> PART-TIME <input type="checkbox"/> 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

<u>DATE OF INTERVIEW</u>	<u>ATTENDED INTERVIEW</u>		<u>EXCUSED ABSENCE</u>	
_____	YES	NO	YES	NO
_____	YES	NO	YES	NO
_____	YES	NO	YES	NO