



KLAMATH TRIBAL HEALTH & FAMILY SERVICES
3949 SOUTH 6TH STREET
KLAMATH FALLS, OR 97603
(541) 882-1487 HR FAX (541) 851-3985

HR INTERNAL USE ONLY

APPLICATION FOR EMPLOYMENT

(Applications accepted for open positions only)

POSTION APPLIED FOR _____

SECTION 1: PERSONAL INFORMATION

Name: _____ **Social Security #** _____
 Last First M.I.

Residence: _____
 Street City State/Zip Code

Mailing: _____
 (If Different) Street/P.O. Box City State/Zip Code

Phone Number: _____ **Message Number:** _____ **E-mail:** _____

Are you an enrolled Tribal Member? _____; or a descendant of an enrolled Klamath Tribal Member

If Yes, what Tribe: _____ Enrollment Number: _____

Indian Preference will apply as per Tribal Policy (must attach documentation for Indian Preference consideration)

SECTION 2: EDUCATION

For verification, you must attach copies of transcripts/diploma, licenses, or certifications.

Name and Address	Years Completed	Diploma/Degree/Certification
High School/GED		
City/State		
College		
City/State		
Other		
Computer Software Experience		

SECTION 3: ADDITIONAL SKILLS & QUALIFICATIONS

Summarize any related skills, qualification, certification or training, experience which may be applicable.

SECTION 3: EMPLOYMENT HISTORY

Begin with your most recent employer. List all positions held in the last 10 years; account for gaps in employment. Additional copies of Section 3 may be attached, as needed. A resume' will NOT substitute, must fully complete application.

Name of Employer				Phone		
Mailing Address						
Position Held						
Name of Supervisor				Supervisor Title		
Dates of Service (month/Year)	From		To		Average hours per week	
Wage/Salary			Reason for Leaving			
Summary of Duties						

Name of Employer				Phone		
Mailing Address						
Position Held						
Name of Supervisor				Supervisor Title		
Dates of Service (month/Year)	From		To		Average hours per week	
Wage/Salary			Reason for Leaving			
Summary of Duties						

SECTION 3: EMPLOYMENT HISTORY (CONTINUED)

Name of Employer					Phone	
Mailing Address						
Position Held						
Name of Supervisor				Supervisor Title		
Dates of Service (month/Year)	From		To		Average hours per week	
Wage/Salary				Reason for Leaving		
Summary of Duties						

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Name of Employer					Phone	
Mailing Address						
Position Held						
Name of Supervisor				Supervisor Title		
Dates of Service (month/Year)	From		To		Average hours per week	
Wage/Salary				Reason for Leaving		
Summary of Duties						

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Name of Employer					Phone	
Mailing Address						
Position Held						
Name of Supervisor				Supervisor Title		
Dates of Service (month/Year)	From		To		Average hours per week	
Wage/Salary				Reason for Leaving		
Summary of Duties						

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SECTION 4: ADDITIONAL EMPLOYMENT INFORMATION

Are you legally eligible for employment in the U.S.A.?				
Have you ever been employed by any division of The Klamath Tribes?			If "yes" provide dates & title	
Title		From		To
Division (Tribal Administration/Tribal Health/Casino/Truck Stop/Hotel/GRC)				
Have you ever been terminated from employment by any division of The Klamath Tribes?				
Title		From		To
Division (Tribal Administration/Tribal Health/Casino/Truck Stop/Hotel/GRC)				

SECTION 5: PERSONAL REFERENCES (at least four references; not relatives or former employers listed in section 3)

Name		Phone		E-Mail	
Mailing Address					
Name		Phone		E-Mail	
Mailing Address					
Name		Phone		E-Mail	
Mailing Address					
Name		Phone		E-Mail	
Mailing Address					

SECTION 6: APPLICATION STATEMENT AND SIGNATURE

You must sign and date the application. You must attach copies of any diplomas, transcripts, licenses or certifications that are required in the position description. Failure to provide required documentation will prevent consideration of your application.

I certify that the information on this application, and any attachments, is accurate and complete to the best of my knowledge. I understand that misleading, omitted facts, or false statements will constitute sufficient cause for refusal of hire or termination of employment.

- I certify that all statements contained herein are true and complete, whether made by myself or others at my request.
- I understand that if I am hired, I must prove that I am full vaccinated from the COVID-19 virus.
- I understand that if I am hired, I must prove that I am authorized to work in the United States.
- I authorize the verification of any employment and education information provided on this application.
- I authorize my driving record to be checked, if it is a requirement for the position.
- I authorize my licenses/certifications to be verified.
- I understand I must meet the criteria of the Klamath Tribes Background & Character Investigation Policy, as applicable.
- I agree to submit to random alcohol/drug screening, as required by policy.
- If hired, I agree to follow all rules, regulations and policies of The Klamath Tribes.
- I understand that completing this application does not guarantee employment.
- This application for employment is signed under penalty of perjury and acknowledge that knowingly falsifying or concealing a material fact is a felony that may result in fines up to \$10,000 or five years imprisonment, or both.

SIGNATURE OF APPLICANT (applications must be signed)	DATE SIGNED