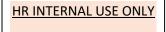


KLAMATH TRIBAL HEALTH & FAMILY SERVICES 3949 SOUTH 6TH STREET KLAMATH FALLS, OR 97603 (541) 882-1487 HR FAX (541) 273-4564



	APPLICA	TION FOR EM	PLOYMENT
	(Application	s accepted for oper	n positions only)
POSTION APPLIED FOR			
SECTION 1: PERSONAL IN	NFORMATION		
Name:			Social Security #
Last	First	M.I.	
Residence:			
Street		City	State/Zip Code
Mailing:			
	(If Differen	t) Street/P.O. Box City	State/Zip Code
Phone Number:	Messa	ge Number:	E-mail:
Are you an enrolled Trib	al Member?	; or a descendant of	an enrolled Klamath Tribal Member
If Yes, what Tribe:		Enrollment	Number: mentation for Indian Preference consideration)
Indian Preference will a	pply as per Tribal P	Policy (must attach docu	mentation for Indian Preference consideration)

SECTION 2: EDUCATI	ON								
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		I							

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 emplo									
copies of Section 3 may be attached	d, as need	ded. A resume	e' will N	OT substi	tute,	must fully c	-		on.
Name of Employer		Phone							
Mailing Address									
Position Held							-		
Name of Supervisor						ervisor Ti			
Dates of Service (month/Year)	From		То				ours	per week	
Wage/Salary			Rease	on for Le	eavin	ng			
Summary of Duties									
Name of Employer							Pho	no	
Name of Employer Mailing Address							Pho	ne	
Position Held									
Name of Supervisor					6	ervisor Ti	tla		
Dates of Service (month/Year)	From		То					per week	
Wage/Salary	FIOIII			on for Le			iours	hei meer	
wage/ Jalal y			neasu		zavii	IS I			
Summary of Dutios						-			
Summary of Duties									
Summary of Duties						-			
Summary of Duties									
Summary of Duties									
Summary of Duties									
Summary of Duties									
Summary of Duties									

SECTION 3: EMPLOYMENT HI	STORY	(CONTINUE	D)						
Name of Employer		•					Pho	ne	
Mailing Address									
Position Held									
Name of Supervisor					Supervi	sor Title	2		
Dates of Service (month/Year)	From		То			e hours j		veek	
Wage/Salary			Rea	son for Le					
Summary of Duties									
Nome of Employer							Dha		
Name of Employer							Pho	ne	
Mailing Address									
Position Held					6				
Name of Supervisor	_		-		•	sor Title			
Dates of Service (month/Year)	From		То			e hours j	per w	veek	
Wage/Salary			кеа	son for Le	eaving				
Summary of Duties									
							DI		
Name of Employer							Pho	ne	
Mailing Address									
Position Held									
Name of Supervisor	_		_			sor Title			
Dates of Service (month/Year)	From		То			e hours	per w	veek	
Wage/Salary			Rea	son for Le	eaving				
Summary of Duties									

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 Kla	amath Tribes?		If "yes" pr	ovide dates & title			
Title	From		То				
Division (Tribal Administration/Tribal Health/Casino/Truck Stop/H	Hotel/GRC)						
Have you ever been terminated from employment by ar	ny division of Th	ne Klama	th Tribes?				
Title	From		То				
Division (Tribal Administration/Tribal Health/Casino/Truck Stop/H	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 A	Address							
Name		Phone		E-Mail				
Mailing A	Address							
Name		Phone		E-Mail				
Mailing A	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 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