

YAKAMA NATION APPLICATION CHECKLIST



WHEN COMPLETING YOUR APPLICATION BE SURE TO DO THE FOLLOWING:

Complete application, print & sign (this includes application via email or fax)
Print clearly, use Black/Blue Ink.

Make certain all information is legible. If you have a resume, please include a copy.

***Note: Application must be filled out completely.**

If you have a driver's license, please list your number on the application.

DO NOT WRITE ANY JOB ANNOUNCEMENT NUMBERS ON THE APPLICATION

MANDATORY ATTACHMENTS:

Proof of all formal education: High School Diploma, GED, College Degrees and transcripts.

Provide your Tribal I.D. (If applicable)

Provide proper documentation for spouse of enrolled member (Copy of spouse's Yakama Nation Enrollment Card), descendant of the Yakama Nation (Letter from Yakama Nation Enrollment Office verifying proof of descendant).

Provide Driver's License/Washington State I.D.

If claiming to be a Veteran, please attach your DD-214.

***Note copies of identification are required. Application will not be accepted without proper identification. NO EXCEPTIONS!**

*****Remember, applications are kept on file for six (6) months. It is YOUR responsibility to keep it up-dated.*****

Contact Human Resources at (509) 865-5121, extension 4387

YAKAMA NATION APPLICATION FOR EMPLOYMENT

Print

Name:		Other Names Used:		Date of Birth:	
Mailing Address:			City:		State: Zip Code:
Last 4 digits of SS No.: XXX-XX-	Email Address:		Phone:		Phone: Alternate:
Valid WA St. Driver's License? Yes <input type="checkbox"/>		Driver License No.:		No <input type="checkbox"/>	

EDUCATIONAL:

	Name	City/State	Dates Attended	Year Graduated	Diploma or Degree received
High School:					
Trade or Business School:					
College:					
Other (GED, training):					

Describe Any Specialized Training, Apprenticeships, Skills, and Other Training Activities: (Include Dates)

List Any Honors That You Have Received:

INDIAN PREFERENCE: Provide proof of eligibility with this application.

A. Tribe: _____ Enrollment No.: _____

B. Enrolled Indian Spouse of a Yakama Enrolled Member. Your Tribe/Enrollment No: _____
Spouses Name/Enrollment No: _____

C. Descendant of an enrolled Yakama Member (*attach proof from YN Enrollment Office*)
Enrolled Members Name/Enrollment No.: _____

D. Spouse of a Yakama Enrolled Member. I am not enrolled with any federally recognized tribe.
Spouse Name/Enrollment No.: _____

MINORS: *Please Provide Copy***** If you are under (18) years of age, must have parent/guardian sign a work permit.

IMMIGRATION: : If selected for employment with the Yakama Nation, you will be required to provide documentation stating you are authorized to work in the United States. Provided: Yes No

VETERAN PREFERENCE: The Yakama Nation recognizes honorable military service.
Please provide a copy of your DD-214 with this application. Provided: Yes No

SELECTIVE SERVICE: Males born after 12/31/59 who are 18 but not yet 26 years old must be registered with Selective Service.
Please provide Selective Service No.: _____

REFERENCES: (Attach letters of reference-optional.)

Name of Reference:	Address	Phone No.:

MISCELLANEOUS: Have you committed any crime or felony that would prevent you from working for the Yakama Nation?
Yes No If yes, provide explanation: _____

*****IMPORTANT ~ PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING*****
Information provided in this application is true, correct, and complete. I understand that, if employed, any misinformation or omission of fact pertaining to this application could result in dismissal. I understand that acceptance of an oral offer of employment does not create a contractual obligation and that conditions of employment are pursuant to the Yakama Nation Personnel Policy Manual. I understand that the Yakama Nation is a Drug-Free Work Place and a pre-employment drug and alcohol test is required. I hereby give my permission to the Yakama Nation to conduct a background check, confer with previous/current employers and references, and confirm my education and/or credit background as required.

PLEASE PRINT YOUR FULL NAME:		DATE:
SIGNATURE:		

YAKAMA NATION APPLICATION FOR EMPLOYMENT

Note to Applicant: Application must be filled out completely. Do not put REFER TO RESUME

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	

Duties:	Reason for Separation:	

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	

Duties:	Reason for Separation:	

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	

Duties:	Reason for Separation:	

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	

Duties:	Reason for Separation:	

ATTACH ADDITIONAL SHEETS AS NECESSARY FOR WORK EXPERIENCE	
WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE OTHERWISE (BELOW):	
Do Not Contact:	Reason:

TO APPLY: Mail or Submit completed application with required attachments.
Yakama Nation Human Resources Office, P.O. Box 151, Toppenish, WA 98948. (509) 865-5121 Ext. 4381
 Applications must be submitted **BEFORE** the Deadline Date in order to be considered for employment!!

YAKAMA NATION APPLICATION FOR EMPLOYMENT

*****Applications are kept on file for 6 months*****

SUPPLEMENTAL INFORMATION SHEET

NAME: _____ DATE: _____

Please check applicable qualifications:

	Spreadsheet (Excel, Access, etc.)		Data Base		
	Bookkeeping (Experience Level)		Desk-Top Computer Operation		
	Accounting		Writing Skill		
	JD Edwards Experience		Typing: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 60px; height: 20px;"></td><td style="width: 40px; text-align: center;">WPM</td></tr></table>		WPM
	WPM				
	Transcribing		10-key: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 60px; height: 20px;"></td><td style="width: 40px; text-align: center;">KPM</td></tr></table>		KPM
	KPM				
	Communication Skill		Hand Tools		
	Supervision		Chainsaw Operation		
	Management		Power Hand Tools		
	Heavy Equipment Operation		Bi-Lingual		
Please Specify:		Please Specify:			

Provide Copies of the Following:

	Driver's License		WA State ID (Only if no Driver's License)
	Combination Driver's License		CPR Certified (current)
	First Aid Card		Food Handler's Permit (current)

Official Copies of Certificates/Degree's

	Associate Degree		Bachelor's Degree
	Masters Degree		PHD
	Juris Doctorate		Vocational Certificate

Other information that would be helpful to your employment, please be specific: