

Yakama Nation Application Check List

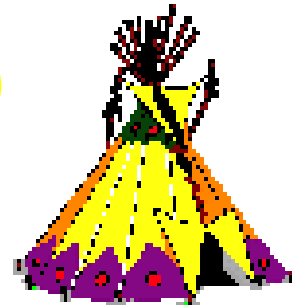
When completing your application please be sure to do the following:

- ✓ Complete application, print & sign. (received application via email)
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.
- ✓ **DO NOT WRITE ANY JOB ANNOUNCEMENT NUMBERS ON THE APPLICATION.**



Mandatory Attachments:

- ✓ Proof of all formal education; to include diploma, GED, degrees, and transcripts. (If applicable)
- ✓ Provide your Tribal I.D. (If applicable)
- ✓ Please provide proper documentation for spouse of enrolled member, descendant, etc.
- ✓ Provide Driver's License (If applicable)
- ✓ Provide Social Security Card.
- ✓ If you are claiming to be a Veteran, please attach your DD 214.



*** Note copies of identification are required. Applications 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 up-dated. *****

Thank you
Yakama Nation Human Resources Office

YAKAMA NATION APPLICATION FOR EMPLOYMENT

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:	
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: <i>Provide proof of eligibility with this application.</i>					
A.	Tribe:		Enrollment No.:		
B.	Enrolled Indian Spouse of a Yakama Enrolled Member. Your Tribe/Enrollment No:				
	Spouses Name/Enrollment No:				
C.	Descendent of an enrolled Yakama Member (<i>attach proof from YN Enrollment Office</i>)				
	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 <input type="checkbox"/> No <input type="checkbox"/>					
VETERAN PREFERENCE: The Yakama Nation recognizes honorable military service. ***Please provide a copy of your DD-214 with this application. *** Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>					
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 <input type="checkbox"/> No <input type="checkbox"/> If yes, provide explanation:					
<p align="center">***IMPORTANT ~ PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING***</p> <p>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.</p>					
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:		
<p>ATTACH ADDITIONAL SHEETS AS NECESSARY FOR WORK EXPERIENCE</p> <p>WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE OTHERWISE (BELOW):</p>			
Do Not Contact:		Reason:	
<p>TO APPLY: Mail or Submit completed application with required attachments.</p> <p>Yakama Nation Human Resources Office, P.O. Box 151, Toppenish, WA 98948. (509) 865-5121 Ext. 4381</p> <p>Applications must be submitted BEFORE the Deadline Date in order to be considered for employment!!</p>			

YAKAMA NATION APPLICATION FOR EMPLOYMENT

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

SUPPLEMENTAL INFORMATION SHEET

NAME: _____ DATE: _____

Please check applicable qualifications:

<input type="checkbox"/>	Spreadsheet	<input type="checkbox"/>	Data Base	
<input type="checkbox"/>	Bookkeeping	<input type="checkbox"/>	Desk-Top Computer Operation	
<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Writing Skill	
<input type="checkbox"/>	JD Edwards Experience	<input type="checkbox"/>	Typing:	WPM
<input type="checkbox"/>	Transcribing	<input type="checkbox"/>	10-key:	KPM
<input type="checkbox"/>	Communication Skill	<input type="checkbox"/>	Hand Tools	
<input type="checkbox"/>	Supervision	<input type="checkbox"/>	Chainsaw Operation	
<input type="checkbox"/>	Management	<input type="checkbox"/>	Power Hand Tools	
<input type="checkbox"/>	Heavy Equipment Operation	<input type="checkbox"/>	Bi-Lingual	
Please Specify:		Please Specify:		

Provide Copies of the Following:

<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	WA State ID (Only if no Driver's License)
<input type="checkbox"/>	Combination Driver's License	<input type="checkbox"/>	CPR Certified
<input type="checkbox"/>	First Aid Card	<input type="checkbox"/>	Food Handler's Permit

Official Copies of Certificates/Degree's

<input type="checkbox"/>	Associate Degree	<input type="checkbox"/>	Bachelor's Degree
<input type="checkbox"/>	Masters Degree	<input type="checkbox"/>	PHD
<input type="checkbox"/>	Juris Doctorate	<input type="checkbox"/>	Vocational Certificate

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

--	--	--	--