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 <u>completely.</u>

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

<u>**ATTACH A COMPLETED SIGN-IN SHEET WITH APPLICATION.**</u>
<u>**DO NOT WRITE ANY JOB ANNOUNCEMENT NUMBERS ON THE APPLICATION.**</u>

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.

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

Remember, applications are kept on file for six (6) months. It is <u>YOUR</u> responsibility to keep it updated. Applications must be received <u>before</u> job deadline to be considered.

Contact Human Resources at (509) 865-5121, extension 4387 or 4833
Please submit applications by :

In person: 401 Fort Road, Room 16, Toppenish, WA 98948

Email: ynapplications@yakama.com
Fax: (509) 865-8777
Mailing: PO Box 151, Toppenish, WA 98948

YAKAMA NATION APPLICATION FOR EMPLOYMENT

Name:	Other Legal 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 ☐	Driver License No.:	No ☐

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. Descendent 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:**

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:		WPM
	Transcribing			10-key:		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: