



# Nez Perce Tribal Housing Authority Employment Application COVER SHEET

Position Applying for: \_\_\_\_\_

Name: First	Middle Initial	Last Name	Social Security#
Address			Phone:
			Message:

Are you a Nez Perce Tribal member?    Yes     No     Enrollment # \_\_\_\_\_

Are you a member of a Federally Recognized Tribe?    Yes     No     Name of Tribe/Enrollment # \_\_\_\_\_

Are you available to work:    Full-Time     Part-Time     Shifts \_\_\_\_\_

Can you travel if the job requires it?    Yes     No

Does any of your immediate family work here?    Yes     No

If **YES** list name(s): \_\_\_\_\_

Are you currently employed?    Yes     No

Do you have a valid Driver's License?    Yes     No     Chauffeurs License?    Yes     No

State/Drivers License# \_\_\_\_\_

Have you been convicted of a felony in the last three years?    Yes     No

If **YES** describe in full (including dates): \_\_\_\_\_

Are you a Veteran?    Yes     No     If Yes, what was your Branch of Military Service? \_\_\_\_\_

Date of Service \_\_\_\_\_ Rank \_\_\_\_\_

### IN CASE OF AN ACCIDENT OR AN EMERGENCY PLEASE NOTIFY

#### AGREEMENT

I certify that the answers herein and the information provided are true and complete to the best of my knowledge. I authorize the Nez Perce Tribal Housing Authority (NPTHA) to conduct such investigations and inquiries to verify and assess my qualifications for applying for this position. The NPTHA reserves the right to disqualify an applicant for providing any false information or misrepresentation. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

I further agree, to abide by all rules, regulations, and personnel policies and procedures of the Nez Perce Tribal Housing Authority.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# EMPLOYMENT EXPERIENCE



Please complete the information on page 2 and 3 (or) submit a complete Resume' that contains all of the information requested on pages 2 and 3.

Name & Address of Employer:		Dates Employed (Month/Year)	
		From	To
Position Title	Name of Supervisor	Phone #	
Reason for Leaving: _____			
Description of Work: _____			
_____			

Name & Address of Employer:		Dates Employed (Month/Year)	
		From	To
Position Title	Name of Supervisor	Phone #	
Reason for Leaving: _____			
Description of Work: _____			
_____			

Name & Address of Employer:		Dates Employed (Month/Year)	
		From	To
Position Title	Name of Supervisor	Phone #	
Reason for Leaving: _____			
Description of Work: _____			
_____			

**(To report additional work history; please attach additional pages.)**



## EDUCATION

Name and Location of School/College	# Years Attended	Dates Attended	Completed	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree Earned:				
Name and Location of School/College	# Years Attended	Dates Attended	Completed	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree Earned:				
Name and Location of School/College	# Years Attended	Dates Attended	Completed	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Degree Earned:				

Trade/Business or Other Training

Describe Course of Study:

Do you have a flagging card or any other certifications?      Yes      No      Expiration Date

                                           \_\_\_\_\_

Type: \_\_\_\_\_

Summarize special skills & qualifications acquired from employment or other experience. List tools, machines, or equipment you can operate.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### REFERENCES

List names and telephone numbers of three work related references who are *not* related to you.

	Name	Telephone	Years Known
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____