



Klamath Tribal Health & Family Services

3949 South 6th Street
Klamath Falls, OR 97603
Phone (541) 882-1487 Fax (541) 273-4564

Human Resources Use Only

Employment Application

Instructions:

Please complete the entire application. Please print clearly.

How did you hear of this position?

- Employee Referral (Name of Employee) _____
- Internet –Website _____
- Employment Department _____
- Newspaper _____
- Employment Agency _____
- Other (specify) _____

Position Applied For: _____

(Applications accepted for open positions only)

1. Personal Information:

Name: _____ Social Security Number: _____
Last First M.I.

Residence: _____
Street City State/Zip Code

Mailing: _____
(If Different) Street/P.O. Box City State/Zip Code

Telephone Number: _____ Message Number: _____ E-mail Address: _____

Are you an enrolled Tribal Member? _____ Are you a descendent of an enrolled Tribal Member? _____

If Yes, what Tribe: _____ Enrollment Number: _____ (Attach documentation for Indian Preference)

Indian Preference will apply-42USC Sec. 2000e2(i)

2. Education:— For Education, Licensure, or Certification credit—Transcripts/Diplomas, License, or Certification must be provided:

Name and Address	Years Completed	Diploma/ Degree/ Certificate	Degree/ Diploma
High School/ GED:			Yes <input type="checkbox"/> No <input type="checkbox"/>
College:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:			Yes <input type="checkbox"/> No <input type="checkbox"/>

Indicate Degrees, Licenses or Certifications: _____

Clerical Skills: Typing Speed: _____ (Attach documentation) Other: _____

Computer Software Experience: _____

3. Do you want Full time or Part time work? Full Time Part Time # of Hours _____

4. Are legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	5a. Have you ever been employed by KTHFS or the Klamath Tribes? <input type="checkbox"/> Yes <input type="checkbox"/> No
5b. If yes, under what name(s):	
6a. Are you related to anyone currently employed in the department or office for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(This response only considered for placement purposes. KTHFS will not place relatives in positions, which create subordinate/supervisory relationships)</small>	
6b. If yes, please list their name(s), position(s), and relationship. (Please attach additional pages if necessary)	
7a. Have you ever been convicted, plead guilty or no contest, or forfeited bond or bail for any crime other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Conviction will not necessarily disqualify an applicant from employment)</small>	
7b. If yes, please explain: <small>(What/Where/When. Please attach additional pages if necessary)</small>	

8. Employment History—Begin with your most recent employer. A resume will **not** substitute. Please attach additional copies of page 3, if necessary.

Name of Employer:	Years/Months of Service: _____
Address, City, State and Zip:	Hours Per Week: _____
Supervisor's Name and Telephone Number:	From: _____ To: _____ <small>Month/Year Month/Year</small>
Your Title:	Salary/Wage:
Reason for Leaving:	
Duties:	
<hr/> <hr/> <hr/> <hr/>	
Name of Employer:	Years/Months of Service: _____
Address, City, State and Zip:	Hours Per Week: _____
Supervisor's Name and Telephone Number:	From: _____ To: _____ <small>Month/Year Month/Year</small>
Your Title:	Salary/Wage:
Reason for Leaving:	
Duties:	
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8. Employment History Continued:

Name of Employer:	Years/Months of Service: _____
Address, City, State and Zip:	Hours Per Week: _____
	From: _____ To: _____ Month/Year Month/Year

Supervisor's Name and Telephone Number:

Your Title:	Salary/Wage:	Reason for Leaving:
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Duties:

Name of Employer:	Years/Months of Service: _____
Address, City, State and Zip:	Hours Per Week: _____
	From: _____ To: _____ Month/Year Month/Year

Supervisor's Name and Telephone Number:

Your Title:	Salary/Wage:	Reason for Leaving:
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Duties:

Name of Employer:	Years/Months of Service: _____
Address, City, State and Zip:	Hours Per Week: _____
	From: _____ To: _____ Month/Year Month/Year

Supervisor's Name and Telephone Number:

Your Title:	Salary/Wage:	Reason for Leaving:
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Duties:

9. Special Skills and Qualifications: Summarize special job related skills, qualifications, and certificates acquired from employment, education, or other experience.

10. References: Give the names, complete addresses, and telephone numbers of four (4) personal references (**not former employers or relatives.**)

Name	Complete Mailing Address	Telephone/Fax Number

Be sure to sign and date the application. You must attach copies of any Diploma's, Transcripts, Licenses, and Certifications that are required on the position description. Failure to provide required documentation will prevent consideration of your application for the position.

11. Application Statement:

PLEASE READ CAREFULLY BEFORE YOU SIGN ON LINE PROVIDED BELOW

I hereby give my permission to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and further; I authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release Klamath Tribal Health & Family Services, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I certify to the best of my knowledge, all of my statements are true, correct, complete, and made in good faith. I further understand that this application is not intended to be a contract of employment nor does this application obligate the employer in any way if said employer decides not to employ me.

I understand that any false oral or written statement that is contained in this application, attached materials, or made in the course of any related employment process (whether made by myself or others at my request) will result in the rejection of my application, denial of employment, or dismissal from service if discovered after employment.

- I certify that all statements contained herein are true and complete whether made by myself or others at my request.
- I understand that I must prove that I am authorized to work in the United States if I am hired.
- I authorize the employing agency to verify any employment and education information provided on this employment application.
- I authorize my driving record to be checked if it is a requirement for the position I am applying for.
- I authorize my licensures/certifications to be checked if it is a requirement for the position I am applying for.
- I understand and agree to submit to pre-employment and random alcohol/drug screening as required by policy.
- I understand and agree to submit to a criminal records background check if applicable.
- I understand that completing this application does not guarantee employment.
- I understand that to be considered for Indian Preference I must provide proof of enrollment in a Federally Recognized Indian Tribe.
- If hired, I agree to follow all rules, regulations and policies of KTHFS.

Signature of Applicant

Today's Date