



**KLAMATH TRIBAL HEALTH & FAMILY SERVICES**  
**3949 SOUTH 6TH STREET**  
**KLAMATH FALLS, OR 97603**  
**(541) 882-1487 HR FAX (541) 273-4564**

HR INTERNAL USE ONLY

**APPLICATION FOR EMPLOYMENT**

**(Applications accepted for open positions only)**

**POSTION APPLIED FOR** \_\_\_\_\_

**SECTION 1: PERSONAL INFORMATION**

**Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
 Last First M.I.

**Residence:** \_\_\_\_\_  
 Street City State/Zip Code

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

**Phone Number:** \_\_\_\_\_ **Message Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Are you an enrolled Tribal Member?** \_\_\_\_\_; or a descendant of an enrolled Klamath Tribal Member \_\_\_\_\_

**If Yes, what Tribe:** \_\_\_\_\_ **Enrollment Number:** \_\_\_\_\_

**Indian Preference will apply as per Tribal Policy (must attach documentation for Indian Preference consideration)**

**SECTION 2: EDUCATION**

**For verification, you must attach copies of transcripts/diploma, licenses, or certifications.**

Name and Address		Years Completed	Diploma/Degree/Certification
High School/GED			
City/State			
College			
City/State			
Other			
Computer Software Experience			

**SECTION 3: ADDITIONAL SKILLS & QUALIFICATIONS**

Summarize any related skills, qualification, certification or training, experience which may be applicable.

**SECTION 3: EMPLOYMENT HISTORY**

Begin with your most recent employer. List all positions held in the last 10 years; account for gaps in employment. Additional copies of Section 3 may be attached, as needed. A resume' will NOT substitute, must fully complete application.

<b>Name of Employer</b>				<b>Phone</b>		
<b>Mailing Address</b>						
<b>Position Held</b>						
<b>Name of Supervisor</b>				<b>Supervisor Title</b>		
<b>Dates of Service (month/Year)</b>	<b>From</b>		<b>To</b>		<b>Average hours per week</b>	
<b>Wage/Salary</b>			<b>Reason for Leaving</b>			
<b>Summary of Duties</b>						

<b>Name of Employer</b>				<b>Phone</b>		
<b>Mailing Address</b>						
<b>Position Held</b>						
<b>Name of Supervisor</b>				<b>Supervisor Title</b>		
<b>Dates of Service (month/Year)</b>	<b>From</b>		<b>To</b>		<b>Average hours per week</b>	
<b>Wage/Salary</b>			<b>Reason for Leaving</b>			
<b>Summary of Duties</b>						

**SECTION 3: EMPLOYMENT HISTORY (CONTINUED)**

<b>Name of Employer</b>		<b>Phone</b>	
<b>Mailing Address</b>			
<b>Position Held</b>			
<b>Name of Supervisor</b>		<b>Supervisor Title</b>	
<b>Dates of Service (month/Year)</b>	<b>From</b>	<b>To</b>	<b>Average hours per week</b>
<b>Wage/Salary</b>		<b>Reason for Leaving</b>	
<b>Summary of Duties</b>			

<b>Name of Employer</b>		<b>Phone</b>	
<b>Mailing Address</b>			
<b>Position Held</b>			
<b>Name of Supervisor</b>		<b>Supervisor Title</b>	
<b>Dates of Service (month/Year)</b>	<b>From</b>	<b>To</b>	<b>Average hours per week</b>
<b>Wage/Salary</b>		<b>Reason for Leaving</b>	
<b>Summary of Duties</b>			

<b>Name of Employer</b>		<b>Phone</b>	
<b>Mailing Address</b>			
<b>Position Held</b>			
<b>Name of Supervisor</b>		<b>Supervisor Title</b>	
<b>Dates of Service (month/Year)</b>	<b>From</b>	<b>To</b>	<b>Average hours per week</b>
<b>Wage/Salary</b>		<b>Reason for Leaving</b>	
<b>Summary of Duties</b>			

**SECTION 4: ADDITIONAL EMPLOYMENT INFORMATION**

Are you legally eligible for employment in the U.S.A.?				
Have you ever been employed by any division of The Klamath Tribes?			If "yes" provide dates & title	
Title		From		To
Division (Tribal Administration/Tribal Health/Casino/Truck Stop/Hotel/GRC)				
Have you ever been terminated from employment by any division of The Klamath Tribes?				
Title		From		To
Division (Tribal Administration/Tribal Health/Casino/Truck Stop/Hotel/GRC)				

**SECTION 5: PERSONAL REFERENCES (at least four references; not relatives or former employers listed in section 3)**

Name		Phone		E-Mail	
Mailing Address					
Name		Phone		E-Mail	
Mailing Address					
Name		Phone		E-Mail	
Mailing Address					
Name		Phone		E-Mail	
Mailing Address					

**SECTION 6: APPLICATION STATEMENT AND SIGNATURE**

**You must sign and date the application. You must attach copies of any diplomas, transcripts, licenses or certifications that are required in the position description. Failure to provide required documentation will prevent consideration of your application.**

I certify that the information on this application, and any attachments, is accurate and complete to the best of my knowledge. I understand that misleading, omitted facts, or false statements will constitute sufficient cause for refusal of hire or termination of employment.

- I certify that all statements contained herein are true and complete, whether made by myself or others at my request.
- I understand that if I am hired, I must prove that I am authorized to work in the United States.
- I authorize the verification of any employment and education information provided on this application.
- I authorize my driving record to be checked, if it is a requirement for the position.
- I authorize my licenses/certifications to be verified.
- I understand I must meet the criteria of the Klamath Tribes Background & Character Investigation Policy, as applicable.
- I agree to submit to random alcohol/drug screening, as required by policy.
- If hired, I agree to follow all rules, regulations and policies of The Klamath Tribes.
- I understand that completing this application does not guarantee employment.
- This application for employment is signed under penalty of perjury and acknowledge that knowingly falsifying or concealing a material fact is a felony that may result in fines up to \$10,000 or five years imprisonment, or both.

<b>SIGNATURE OF APPLICANT (applications must be signed)</b>	<b>DATE SIGNED</b>