



CAHITO TRIBE
LAYTONVILLE RANCHERIA
P.O. Box 1239 • Laytonville, CA 95454
(707)984-6197

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____ Social Security Number: _____ Driver's License #: _____

Name: _____ D.O.B.: _____
Last First Middle Initial Maiden

Mailing Address: _____
P.O. Box City State Zip

Street Address: _____

Phone Number: _____ Message Number: _____

Referred by: _____

EMPLOYMENT DESIRED

Position Applied for: _____

Circle one of the following: Full Time Part Time Work Pool Date you can start? _____

Desired Salary? _____ Are you employed now? _____ Yes _____ No

May we inquire your present employer? _____ Yes _____ No

EDUCATION

	Name & Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied & Degrees Received
Grammar School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade, Business, or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

EDUCATION (continued)

List any other subjects of special studies or research work: _____

List any other job related skills: _____

GENERAL

Have you ever been convicted of a felony or misdemeanor? If yes, please explain why: _____

FORMER EMPLOYER

Date Month & Year	Name & Address of Employer	Position	Beginning & Ending Salary	Reason for Leaving
To: From:	_____ _____	_____ _____	_____ _____	_____ _____
To: From:	_____ _____	_____ _____	_____ _____	_____ _____
To: From:	_____ _____	_____ _____	_____ _____	_____ _____

REFERENCES LIST below three (3) persons not related to you that you have known at least one (1) year.

	Name	Address	Phone	Years Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

If you are hired by the Cahto Tribe you will be required to attest to your identity and employment eligibility, and to present documents confirming your identification and eligibility. You cannot be hired if you cannot comply with the requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omissions, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company.

I understand that any employment may be conditioned on a background check. I authorize the Tribal Executive Committee to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Human Resources Department, Tribal Executive Committee, and Administration without giving me prior notice of such disclosure. In addition, I release the Human Resources Department, Tribal Executive Committee, and the Administrator all references listed above from any and all claim, demand, or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed terms, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Tribe. No promises of employment have been made to me, and I understand that no such promise or guarantee is binding upon the Tribal Executive Committee or Tribe unless made in writing.

If I am offered employment I agree to submit to medical examination and drug test before starting work. I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Executive Committee or Administrator and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor or agency disclose to the Executive Committee, Administrator, and Human Resources Department the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon a satisfactory medical examination and drug test, and if I am hired a condition of my employment will be that I abide by the Tribe's Drug and Alcohol Policy.

Furthermore, I understand that once my background check is complete, my personnel files are confidential.

Print Name

Date

Signature

Date

PREFERENCE GIVEN TO QUALIFIED NATIVE AMERICANS UNDER THE FEDERAL INDIAN PREFERENCE ACT PL 93-638. Preference given to tribal members.

Tribal Affiliation: _____

**CAHTO TRIBE
DRUG & ALCOHOL TESTING
EMPLOYEE CONSENT & RELEASE FORM**

I _____ do hereby give my consent to the Cahto Tribe of Laytonville and its agent(s) and/or its testing laboratory to perform test and examinations on a sample of my urine to identify the presence of illegal drugs and alcohol.

I understand that my refusal to sign this consent form without qualification, or refusal to give samples, will result in disqualification from further consideration for employment.

I further give my consent to the testing facility to release the results of the test and examinations to the Human Resources Department Manager, Tribal Administrator, and/or the Tribal Executive Committee in a confidential folder.

I understand and agree that:

1. I will provide a list of prescription and/or over-the-counter medications I am currently taking.
2. A "positive" test result will disqualify me from further consideration for employment at this time.
3. By my signature below, I confirm that I have read this consent form and that I voluntarily give my consent and agreement as stated in this form.

Name of Applicant (Print)

Signature of Applicant Date

Human Resource Manager (Print)

Signature of HR Manager Date