



Cahto Tribe Of Laytonville Rancheria

300 Cahto Drive
P.O. Box 1239
Laytonville, CA 95454
Phone: (707) 984-6197
Fax: (707) 984-6201

**Please include a Resume and
Cover letter with this application.**
Thank You

Employment Application

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____

P.O. Box or Street Address City/State Zip Code

Address: _____
Physical Address: Apt. / Unit #

Street / Apt # City / State Zip Code

Phone Nos. _____ Email: _____

Date Available: _____ D.O.B. _____ Social Security No.: _____ Desired Salary:\$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references NOT related to you. Use a separate sheet of paper if you need to.

Full Name: _____ Years Known: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Years Known: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Years Known: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Indian Preference

In accordance with public law 93-638 "Indian Preference Act" preference is given to qualified Native Americans. Preference is given to Tribal members.

Tribal Affiliation

Name of Tribe

Authorization

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismiss 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 claims, demand, or liabilities arising out of or related to such investigation of 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 term, and may be terminated at any time, with or without cause 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 in binding upon the Tribal Executive Committee or Tribe unless made in writing.

If I am offered employment I agree to submit to a 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.

Initials

Date

Reference Release Form

Applicant Name

Date

Social Security #

Dates of Employment

The above – named applicant is being considered for employment with Cahto Tribe of Laytonville Rancheria, and has listed your organization as a former employer. We would appreciate your verification and completion of this form on your earliest convenience. All information provided will be treated confidential. Please fax this form to (707) 984-6201 attention of the Human Resources department.

Thank you.

Applicant's Authorization

I consent to and authorize my former employer and its agents and employees, to furnish any reference information, concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for the separation of employment, relating to my employment with my former employer.

It is expressly understood that any information given is to be used for the purpose of determine acceptability for employment. I also hereby release my former employer and it's agents and the employees, from liability damages or claims including but not limited to defamation, interference with contract or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's Signature

Date

CAHTO TRIBE
LAYTONVILLE RANCHERIA
P.O. BOX 1239
LAYTONVILLE, CA 95454