**COQUILLE INDIAN TRIBE**
Human Resources
Department

recruiting@coquilletribe.org

1340 N Bayshore Dr,
Coos Bay, OR 97420

Fax: 541-756-0847
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# APPLICATION FOR EMPLOYMENT

## GENERAL INFORMATION

The Coquille Indian Tribe is an Equal Opportunity Employer. We do not discriminate on the basis of age, race, creed, color, sex, religion, disability, marital status, sexual orientation, veteran or other protected status. Tribal and Indian Preference will apply in accordance with Tribal Code.

Date:_____ Position Applying For: _____

Name:_____
Last First Middle

Street Address:_____
Street City State Zip

Mailing Address (If different from street address):

_____

Telephone Number:_____ E-Mail _____

Driver's License:_____
Number State Issued Expiration Date

If hired, can you provide proof that you are authorized to work in the United States? Yes No

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Other names you have worked under: _____

Date Available:_____ Salary desired: _____

Ever applied here before? Yes No If yes, when? _____

***The Coquille Indian Tribe Child Protection Ordinance requires applicants to complete this section of the application. Your answers to these questions will be kept confidential as required by Coquille Tribal Law. While background checks are required, prior arrests or convictions don't necessarily preclude applicants from employment.***

Have you ever been convicted of a felony? ◯ Yes ◯ No If yes, list felony, location & date:

Have you ever been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or any crime against persons?
◯ Yes ◯ No

If yes, please describe the situation, including the disposition of the charge, date, location, and conviction(s). Attach additional pages if necessary.

**Please fully complete this application. Do not write "See Resume".**
***You are welcome to submit a resume along with any other documentation that you wish to be considered.***

| EDUCATION | | | |
|---|---|---|---|
| **SCHOOL NAME AND LOCATION** | **MAJOR** | **DID YOU GRADUATE?** | **DIPLOMA or DEGREE** |
| | | | |
| | | | |
| | | | |
| | | | |

**Relevant licenses, certifications, qualifications, or trainings:**

## EMPLOYMENT HISTORY

**Please include only relevant and recent work experience that best demonstrates your qualifications for this position. Older or irrelevant work experience may not be necessary and can be omitted.**

| | | | | |
|---|---|---|---|---|
| **Current Employer:** | | | **Address** | |
| **Type of Business:** | | | **Phone #** | |
| **Starting Date:** | **Leaving Date:** | **Starting Pay:** | **Final (current) Pay:** | **Reason for leaving or desiring to leave:** |
| **Job Title:** | **Immediate Supervisor:** | **Supervisor's Title** | **May we Contact (Yes, No, After Hire)** | |
| **Describe your duties and responsibilities:** | | | | |

| | | | | |
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| Describe your duties and responsibilities: | | | | |

**TRIBAL AND INDIAN PREFERENCE (SELECT ONE)**

- ☐ Coquille Tribal Member
- ☐ Coquille Tribal Spouse or Domestic Partner
- ☐ Immediate Family Member of a Coquille Tribal Member (in the same household)
- ☐ Coquille Tribal Family Relation (immediate family member who supports a Coquille child)
- ☐ Member of a Federally Recognized Tribe
- ☐ United States Veteran
- ☐ Other Qualified Applicants

**For preference to be applied, all applicants are required to submit evidence showing they are eligible.**

**Please give the names, email addresses and telephone numbers of three work-related or professional references.**

| Name | E-mail | Telephone Number |
|---|---|---|
| Name | E-mail | Telephone Number |
| Name | E-mail | Telephone Number |

**APPLICANT, PLEASE READ CAREFULLY BEFORE YOU SIGN ON THE LINE PROVIDED**

I hereby give my consent to thoroughly investigate my personal history, references, work records, education and other matters related to my suitability for employment and, further, 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 the Coquille Indian Tribe, 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 investigations or disclosures.

Further, I certify that, to the best of my knowledge, all of my statements are true, correct, complete and made in good faith. I understand any false statement on the application may result in my not being hired, or in my dismissal. I understand this application is not a contract of employment.

**Applicant's Signature:_____Date:_____**

**How did you learn of this position? Check all that apply.**

☐ Online job advertisement ☐ Tribal Mailing ☐ Tribal Newsletter ☐ Tribe's Website

☐ Individual Referral (friend, employee, relative) _____ ☐ Other: _____