

# YAKAMA NATION APPLICATION CHECKLIST



## WHEN COMPLETING YOUR APPLICATION BE SURE TO DO THE FOLLOWING:

Complete application, print & sign (this includes application via email or fax)  
Print clearly, use Black/Blue Ink.

Make certain all information is legible. If you have a resume, please include a copy.

**\*Note: Application must be filled out completely.**

If you have a driver's license, please list your number on the application.

**DO NOT WRITE ANY JOB ANNOUNCEMENT NUMBERS ON THE APPLICATION**

## MANDATORY ATTACHMENTS:

**Proof of all formal education: High School Diploma, GED, College Degrees and transcripts.**

**Provide your Tribal I.D. (If applicable)**

**Provide proper documentation for spouse of enrolled member (Copy of spouse's Yakama Nation Enrollment Card), descendant of the Yakama Nation (Letter from Yakama Nation Enrollment Office verifying proof of descendant).**

**Provide Driver's License/Washington State I.D.**

**If claiming to be a Veteran, please attach your DD-214.**

**\*Note copies of identification are required. Application will not be accepted without proper identification. NO EXCEPTIONS!**

***\*\*Remember, applications are kept on file for six (6) months. It is YOUR responsibility to keep it up-dated.\*\****

**Contact Human Resources at (509) 865-5121, extension 4387**

# YAKAMA NATION APPLICATION FOR EMPLOYMENT

**Print**

Name:		Other Names Used:		Date of Birth:	
Mailing Address:			City:		State:      Zip Code:
Last 4 digits of SS No.: <b>XXX-XX-</b>	Email Address:		Phone:		Phone: Alternate:
Valid WA St. Driver's License?      Yes <input type="checkbox"/>		Driver License No.:		No <input type="checkbox"/>	

**EDUCATIONAL:**

	Name	City/State	Dates Attended	Year Graduated	Diploma or Degree received
High School:					
Trade or Business School:					
College:					
Other (GED, training):					

Describe Any Specialized Training, Apprenticeships, Skills, and Other Training Activities: (Include Dates)

List Any Honors That You Have Received:

**INDIAN PREFERENCE: Provide proof of eligibility with this application.**

**A.** Tribe: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

**B.** Enrolled Indian Spouse of a Yakama Enrolled Member. Your Tribe/Enrollment No: \_\_\_\_\_  
Spouses Name/Enrollment No: \_\_\_\_\_

**C.** Descendant of an enrolled Yakama Member (*attach proof from YN Enrollment Office*)  
Enrolled Members Name/Enrollment No.: \_\_\_\_\_

**D.** Spouse of a Yakama Enrolled Member. I am not enrolled with any federally recognized tribe.  
Spouse Name/Enrollment No.: \_\_\_\_\_

**MINORS: \*\*\*Please Provide Copy\*\*\*** If you are under (18) years of age, must have parent/guardian sign a work permit.

**IMMIGRATION: :** If selected for employment with the Yakama Nation, you will be required to provide documentation stating you are authorized to work in the United States.      Provided:      Yes            No     

**VETERAN PREFERENCE:** The Yakama Nation recognizes honorable military service.  
\*\*\*Please provide a copy of your DD-214 with this application.\*\*\*      Provided:      Yes            No     

**SELECTIVE SERVICE:** Males born after 12/31/59 who are 18 but not yet 26 years old must be registered with Selective Service.  
Please provide      Selective Service No.: \_\_\_\_\_

**REFERENCES:** (Attach letters of reference-optional.)

Name of Reference:	Address	Phone No.:

**MISCELLANEOUS:** Have you committed any crime or felony that would prevent you from working for the Yakama Nation?  
Yes            No            If yes, provide explanation: \_\_\_\_\_

**\*\*\*IMPORTANT ~ PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING\*\*\***  
Information provided in this application is true, correct, and complete. I understand that, if employed, any misinformation or omission of fact pertaining to this application could result in dismissal. I understand that acceptance of an oral offer of employment does not create a contractual obligation and that conditions of employment are pursuant to the Yakama Nation Personnel Policy Manual. I understand that the Yakama Nation is a Drug-Free Work Place and a pre-employment drug and alcohol test is required. I hereby give my permission to the Yakama Nation to conduct a background check, confer with previous/current employers and references, and confirm my education and/or credit background as required.

<b>PLEASE PRINT YOUR FULL NAME:</b>		<b>DATE:</b>
<b>SIGNATURE:</b>		

# YAKAMA NATION APPLICATION FOR EMPLOYMENT

**Note to Applicant: Application must be filled out completely. Do not put REFER TO RESUME**

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	

Duties:	Reason for Separation:	

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	

Duties:	Reason for Separation:	

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	

Duties:	Reason for Separation:	

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	

Duties:	Reason for Separation:	

ATTACH ADDITIONAL SHEETS AS NECESSARY FOR WORK EXPERIENCE	
WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE OTHERWISE (BELOW):	
<b>Do Not Contact:</b>	<b>Reason:</b>

**TO APPLY:** Mail or Submit completed application with required attachments.  
**Yakama Nation Human Resources Office, P.O. Box 151, Toppenish, WA 98948. (509) 865-5121 Ext. 4381**  
 Applications must be submitted **BEFORE** the Deadline Date in order to be considered for employment!!

# YAKAMA NATION APPLICATION FOR EMPLOYMENT

**\*\*\*Applications are kept on file for 6 months\*\*\***

## SUPPLEMENTAL INFORMATION SHEET

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please check applicable qualifications:**

	Spreadsheet (Excel, Access, etc.)		Data Base		
	Bookkeeping (Experience Level)		Desk-Top Computer Operation		
	Accounting		Writing Skill		
	JD Edwards Experience		Typing: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 60px; height: 20px;"></td><td style="width: 40px; text-align: center;">WPM</td></tr></table>		WPM
	WPM				
	Transcribing		10-key: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 60px; height: 20px;"></td><td style="width: 40px; text-align: center;">KPM</td></tr></table>		KPM
	KPM				
	Communication Skill		Hand Tools		
	Supervision		Chainsaw Operation		
	Management		Power Hand Tools		
	Heavy Equipment Operation		Bi-Lingual		
Please Specify:		Please Specify:			

**Provide Copies of the Following:**

	Driver's License		WA State ID (Only if no Driver's License)
	Combination Driver's License		CPR Certified (current)
	First Aid Card		Food Handler's Permit (current)

**Official Copies of Certificates/Degree's**

	Associate Degree		Bachelor's Degree
	Masters Degree		PHD
	Juris Doctorate		Vocational Certificate

**Other information that would be helpful to your employment, please be specific:**