



COEUR D' ALENE TRIBE

NACTEP Summer Youth Internship

First consideration for employment is given to those of Native American heritage; all others are given consideration in accordance with the Equal Employment Opportunity Act.

(Please type or print clearly)

Position Applying for: _____

NAME: _____ Date: _____
Last First MI

Current Mailing Address: _____
City State Zip

Telephone:() _____ - _____ How did you hear of this opening? _____

Enrolled Tribal member (check box) Yes No Tribe: _____

Spouse/child of enrolled Tribal member Yes No Tribe: _____

(If you're enrolled in a federally recognized tribe, attach a copy of your enrollment card/verification to this application to verify eligibility under the Indian Preference Policy)

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
Yes No (If you are hired by the Tribe, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.)

Are you currently employed? Yes No

May we contact your present and past employer(s)? Yes No

Date available for work: _____

Are you able to travel if a job requires it? Yes No

Answer this question only after reviewing a Job Description for the position you are applying for: *Do you have a physical or medical condition which would limit your capacity for the job?* Yes No

If YES, what can be done to accommodate your limitation? _____

Have you ever plead guilty or been found guilty of a felony, whether it was a withheld judgment or not?

Yes No

(Conviction will not necessarily disqualify an applicant from employment).

If yes, please explain:

Education

Type of School (High School, College, Business, Trade or Other Type)	Location	Dates Attended	Courses Taken Or Major/Minor	Diploma/Degree Received (Date)

Nonprofessional Licenses or Certificates, including a valid Drivers License (List below)

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

Professional Licenses**

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

****Applicants applying for positions that require a Professional license must have a current Idaho license. Please attach a copy with your application.**

Prior Work History (List most recent first)

Dates (mm/yyyy)		Name & Address of Present/Last Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						

Current/Last Position title: _____ Status (circle one): full-time part-time on-call other: _____

Describe in detail the work you performed:

Dates (mm/yyyy)		Name & Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						

Position title: _____ Status (circle one): full-time part-time on-call other: _____

Describe in detail the work you performed:

Dates (mm/yyyy)		Name & Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						

Position title: _____ Status (circle one): full-time part-time on-call other: _____

Describe in detail the work you performed:

Attach a sheet if you have additional relevant work experience.

Describe any specialized training and or apprenticeship skills that would pertain to the position for which you are applying:

Describe any job-related training received in the United States Military or other.

List three (3) employment references: (not including any immediate family member)

- 1) _____
First & Last name Telephone number
- 2) _____
First & Last name Telephone number
- 3) _____
First & Last name Telephone number

Authorization and General Release

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge, and understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

I understand that my employment may be conditioned on a background and/or fingerprint check. I authorize, in connection with this application, all corporations, credit agencies, educational institutions, law enforcement agencies, and military services to release information they may have about me to the Coeur d'Alene Tribe and release them from any liability or responsibility from doing so. Further, if necessary, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

I authorize any duly authorized representative of the Coeur d'Alene Tribe to obtain any information relating to my employment activities from my former employer(s). This information may include, but is not limited to, my achievement, performance, attendance, personal history, or disciplinary information. I authorize my former employer(s) to release such information upon request of the duly authorized representative of the Coeur d'Alene Tribe regardless of any agreement I may have had with my former employer(s) to the contrary. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization.

In consideration of my employment, I agree to conform to the Tribe's Policies and Procedures, and I agree that my employment can be terminated, with or without cause, and with or without notice, at any time, at either my or the Tribe's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Tribe.

If I am offered employment I agree to submit to a medical examination (if required by the job), fingerprinting (if required by the job), and mandatory drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Tribe and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Tribe the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment will be that I abide by the Tribe's Drug and Alcohol Policy.

Applicant Signature

Date

INTEROFFICE MEMORANDUM

TO: EMPLOYEE / PROSPECTIVE EMPLOYEE
FROM: HUMAN RESOURCES
SUBJECT: DRUG TESTING

CC: PERSONNEL FILE

Per the Coeur d'Alene Tribe Drug and Alcohol Free Workplace Policy, adopted by Council on November 21, 2000 (effective February 21, 2001; Resolution 38 (2001)):

Drug and Alcohol Testing Procedures

A. Pre-Employment Testing

“All new employees are required to sign a medical release that allows for future drug and/or alcohol testing information to be released to the Tribe in case of on-the-job accidents or other similar circumstances.”

1. The Tribe has a policy against drug and alcohol abuse and reserves the right to screen its employees and applicants for employment as an enforcement measure in providing a safe, healthy, and productive working environment.
2. By my signature below, I am freely and voluntarily agreeing and consenting to submit a personal specimen of urine and/or blood for chemical analysis and testing to determine or rule out the presence of illegal, abused, or prohibited drugs/alcohol or substances in my body fluids.
3. I hereby authorize the Tribe's duly appointed collection facility and testing laboratory and their personnel to obtain, process and test the specimen and to release and discuss results of the analysis and test to the Human Resources Director for employment purposes (pre-employment, for-cause testing, random testing, on-the-job accident testing, etc.). Said information will be handled as confidentially as is reasonably possible, shared only on a “need to know” basis.
4. I understand a documented chain of custody exists to ensure the identity and integrity of my specimen throughout the collection and testing process.
5. As an applicant, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test this will constitute voluntary withdrawal of my application for employment and no further consideration shall be given. As an employee, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test, this will constitute a violation of Tribal policy and I will be subject to disciplinary action up to and including termination of employment.
6. In consideration of my personal desire for a safe work environment, I hereby voluntarily give my consent for the Tribe to conduct periodic inspections of Tribal property and premises for illicit drugs, drug paraphernalia and/or open alcohol containers. Inspections will be conducted only when the Administrative Director or Human Resources Director of the Coeur d'Alene Tribe has information which would cause a reasonable person to believe that illicit drugs, drug paraphernalia and/or open alcohol containers are on the premises.

Signature

Date