



**COEUR D' ALENE TRIBE**  
Employment Application for  
**All Social Services Programs**

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 learn of the position? \_\_\_\_\_

Enrolled Tribal member (check box) Yes  No  Tribe: \_\_\_\_\_

Spouse/child of enrolled Tribal member Yes  No  Tribe: \_\_\_\_\_

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? \_\_\_\_\_

**Background Information** (Conviction will not necessarily disqualify an applicant from employment)

Have you been convicted, imprisoned, on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) Yes  No

If yes, provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

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Has a military court-martial convicted you? (If no military service, answer "NO") Yes  No

If yes, provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

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Are you currently under charges for any violation of law? Yes  No

If yes, provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

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Have you been convicted of a crime involving the abuse or neglect of a child or a vulnerable adult ("vulnerable adult" means adults of any age who lack the functional, mental, or physical ability to care for themselves)? Yes  No

If yes, provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

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Have you ever pleaded guilty and had a withheld judgment? Yes  No

If yes, provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

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Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of federally guaranteed or insured loans such as student and home mortgage loans.) Yes  No

If yes, provide the type, length, and amount of the delinquency of default, and steps that you are taking to correct the error or repay the debt.

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**Education**

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

**\*Special Education Experience: check all that apply**

- Early Childhood     
  Pre-K     
  Visually or Hearing Impaired     
  Mentally Disabled  
 Developmentally Handicapped     
  Orthopedically Impaired

**Nonprofessional Licenses or Certificates, including a valid Driver’s License (List below)**

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

**Professional Licenses or Certificates\*\* Please attach a copy with your application.**

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.**

**Have you ever had a certificate revoked or suspended or surrendered a certificate in any state?**

Yes

No

If yes, please explain:

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**Has any state-licensed authority taken any other adverse action against your certificate? Yes  No**

If yes, please explain:

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**During the last five years, have you ever been dismissed or discharged, or have you resigned to avoid disciplinary action by any employer? Yes  No**

If yes, provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.

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**Prior Work History** – List your employment, **beginning with the present** and working back 5 years. The 5 year period must be accounted for without breaks, and for periods of unemployment, list dates and “unemployed” or “attending school” etc.

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

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

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**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

**Personal References - They should be good friends, peers, etc., and who have known you for at least the last 5 years.**

1) \_\_\_\_\_  
 First & Last name Telephone number

2) \_\_\_\_\_  
 First & Last name Telephone number

3) \_\_\_\_\_  
 First & Last name Telephone number

**Residential History: List where you have lived for the past five years with the most current first.**

FROM (mm/yyyy)	TO (mm/yyyy)	Street Address (No PO Boxes)	City, State, Zip Code	County
1)	<b>Current</b>			
2)				
3)				
4)				
5)				

## Authorization and General Release

I certify that the facts set forth in this employment application 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 background and fingerprint checks. In connection with this application, I authorize 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 the 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.

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

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Applicant Signature

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Date

Applicant Screening Questionnaire  
Indian Children Protection Requirements

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Number: \_\_\_\_\_

Notification Requirements

Section 231 of the Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for Federal child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment. Further, it is required to ask the following:

Have you ever been arrested for or charged with a crime involving a child? Yes  No

If yes, provide the date, explanation of the violation, disposition of the arrest(s) or charges(s), place of occurrence, and the name and address of the police department or court involved.

\_\_\_\_\_  
\_\_\_\_\_

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207) requires a criminal history records check as a condition of employment for positions in the Department of Interior that involve regular contact with or control over Indian children. Further, it is required to ask the following:

Have you ever been arrested, found guilty of, or entered a plea of nolo contendere (no contest) or guilty to any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children? Yes  No

If yes, provide the date, explanation of the violation, disposition of the arrest(s) or charges(s), place of occurrence, and the name and address of the police department or court involved.

\_\_\_\_\_  
\_\_\_\_\_

I certify that my response to the above questions is made under the Federal penalty of perjury, which is punishable by fine or imprisonment. I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand it's my right to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**COEUR D'ALENE TRIBE HEAD START**  
**Declaration of No Child Abuse/Neglect or Violent Felony**

For use by Head Start Agencies to comply with 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31 (c) and (d).

Name of Employee/Volunteer: \_\_\_\_\_

Federal policies specify that Head Start agencies require all prospective and current employees and volunteers to sign a declaration for employment which list indicates that the individual has not had the following:

- **Pending and prior criminal arrests and charges related to child sexual abuse and their disposition.**
- **Convictions related to other forms of child abuse and/or neglect.**
- **All convictions of violent felonies.**

This declaration may exclude:

- **Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18<sup>th</sup> birthday, which was finally adjudicated in a juvenile court or under your offender's law.**
- **Any conviction for which the record has been expunged under Federal or State law.**
- **Any conviction set aside under the Federal Youth Corrections Act or similar State authority.**

**Note:** Individuals that declare, through this form, that they have been arrested, charged with, or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge, or conviction to a hiring decision.

Please provide your signature on the line in the appropriate category below:

I **have not been** arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I **have been** arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**INTEROFFICE MEMORANDUM**

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**TO:** PROSPECTIVE EMPLOYEE  
**FROM:** HUMAN RESOURCES  
**SUBJECT:** DRUG TESTING  
**CC:** PERSONNEL FILE

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Per the Coeur d'Alene Tribe Drug and Alcohol Free Workplace Policy, adopted by Council on November 21, 2000 (effective February 21, 2001; Resolution38 (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 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 employment application. No further consideration shall be given.
6. 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. I will be subject to disciplinary action, including termination of employment.
7. In consideration of my desire for a safe work environment, I hereby voluntarily 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 that would cause a reasonable person to believe that illicit drugs, drug paraphernalia and/or open alcohol containers are on the premises.

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Signature

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Date

**COEUR D' ALENE TRIBE**

**Background checks**

1. Have you had your background check processed through the Idaho Department of Health and Welfare?  
Yes       No       If yes, month and year processed: \_\_\_\_\_
  
2. Have you had your background check processed through the FBI database?  
Yes       No       If yes, what year: \_\_\_\_\_
  
3. Have you had your background check processed within the past 6 months for the Idaho Department of Education?  
Yes       No       If yes, month and year: \_\_\_\_\_

## Coeur d'Alene Tribe's Vision, Mission, and Core Values (Five Pillars)

**Vision:** All people on the Coeur d'Alene Indian Reservation shall have a chance to pursue their hopes and dreams as members, guardians and stewards in a culturally rooted, vibrant, safe, healthy and sustainable community.

**Mission:** The Coeur d'Alene Tribe shall exercise its inherent sovereignty, responsibility and self-governance practices by means of innovation and economic and environmental leadership, so that people, lands, and resources across the Reservation and Tribal aboriginal lands shall thrive and prosper.

**Core Values (Five Pillars):** From a cultural perspective, it is essential for those employed by the Tribe to be aware of, understand, and uphold the beliefs and vision of the Coeur d'Alene Tribal Community. Since time immemorial, the Coeur d'Alene Tribe has been guided by its core values, articulated today in the Tribe's Five Pillars:

t'u'lschint (Membership): Capable, decent, moral, 'a good person', a good citizen in your family, tribal, local and world community. A responsible, accountable and informed citizen in all spheres of relationship. t'u'lschint can be translated as, 'capable, decent, moral, a good person.'

Snmiypnqwiln (Scholarship): Life-long, holistic learning with ideas rooted in tribal values, self-determination, self-government and sovereignty that produces deep knowledge to understand the world and meaningful application within the community.

'ats' qhnt' wesh (Stewardship): To care for all things with integrity, responsibility, accountability and social awareness in all spheres of life, human, animals, natural resources, and the cosmos, looking at each other from the heart.

hngwa' yqn; hnshat' qn (Guardianship): To protect our tribal ways of knowing and being through the protection, care and responsibility for our people, natural resources, culture, history, traditions, language and spirituality.

chsnpa'silgwesn (Spirituality): Faith from which the Creator reveals the connection between all life. It unites the space between the past, present, and future through the peoples, environment, and land; and is rooted within the ceremonies from which the Tribe celebrates those connections.

Sign below stating you have read the above vision, mission, and five pillars.

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Applicant Signature

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Date