



CAHTO TRIBE
LAYTONVILLE RANCHERIA
 P.O. Box 1239 · Laytonville, CA 95454
 (707)984-6197

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____ Social Security Number: _____ Driver's License #: _____

Name: _____ D.O.B.: _____
 Last First Middle Initial Maiden

Mailing Address: _____
 P.O. Box City State Zip

Street Address: _____

Phone Number: _____ Message Number: _____

Referred by: _____

EMPLOYMENT DESIRED

Position Applied for: _____

Circle one of the following: Full Time Part Time Work Pool Date you can start? _____

Desired Salary? _____ Are you employed now? _____ Yes _____ No

May we inquire your present employer? _____ Yes _____ No

EDUCATION

| | Name & Location of School | Circle Last Year Completed | Did You Graduate? | Subjects Studied & Degrees Received |
|--|------------------------------|-------------------------------|----------------------|---|
| Grammar School | _____ | | ___ Yes ___ No | _____ |
| High School | _____ | 1 2 3 4 | ___ Yes ___ No | _____ |
| College | _____ | 1 2 3 4 | ___ Yes ___ No | _____ |
| Trade, Business, or Correspondence School | _____ | 1 2 3 4 | ___ Yes ___ No | _____ |

EDUCATION (continued)

List any other subjects of special studies or research work: _____

List any other job related skills: _____

GENERAL

Have you ever been convicted of a felony or misdemeanor? If yes, please explain why: _____

FORMER EMPLOYER

| Date Month & Year | Name & Address of Employer | Position | Beginning & Ending Salary | Reason for Leaving |
|----------------------|-------------------------------|----------------|------------------------------|-----------------------|
| To: From: | _____ _____ | _____ _____ | _____ _____ | _____ _____ |
| To: From: | _____ _____ | _____ _____ | _____ _____ | _____ _____ |
| To: From: | _____ _____ | _____ _____ | _____ _____ | _____ _____ |

REFERENCES LIST below three (3) persons not related to you that you have known at least one (1) year.

| Name | Address | Phone | Years Acquainted |
|----------|---------|-------|------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

If you are hired by the Cahto Tribe you will be required to attest to your identity and employment eligibility, and to present documents confirming your identification and eligibility. You cannot be hired if you cannot comply with the requirements.

**CAHTO TRIBE
DRUG & ALCOHOL TESTING
EMPLOYEE CONSENT & RELEASE FORM**

I _____ do hereby give my consent to the Cahto Tribe of Laytonville and its agent(s) and/or its testing laboratory to perform test and examinations on a sample of my urine to identify the presence of illegal drugs and alcohol.

I understand that my refusal to sign this consent form without qualification, or refusal to give samples, will result in disqualification from further consideration for employment.

I further give my consent to the testing facility to release the results of the test and examinations to the Human Resources Department Manager, Tribal Administrator, and/or the Tribal Executive Committee in a confidential folder.

I understand and agree that:

1. I will provide a list of prescription and/or over-the-counter medications I am currently taking.
2. A "positive" test result will disqualify me from further consideration for employment at this time.
3. By my signature below, I confirm that I have read this consent form and that I voluntarily give my consent and agreement as stated in this form.

Name of Applicant (Print)

Signature of Applicant Date

Human Resource Manager (Print)

Signature of HR Manager Date

**Authorization to Obtain a Consumer Credit Report and
Release of Information for Employment Purposes**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the Cahto Tribe of Laytonville and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in all or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the Cahto Tribe of Laytonville or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release the Cahto Tribe of Laytonville and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

Please print clearly

Name (Full) _____

Maiden Last Name _____

Social Security Number _____ - _____ - _____

Sex _____ Date of Birth _____ - _____ - _____

Driver's License Number _____ State Issued _____

Name on Driver's License _____

Signature _____ Date _____