

YAKAMA POWER - APPLICATION FOR EMPLOYMENT

YAKAMA POWER PERSONNEL OFFICE; P.O. BOX 1279 TOPPENISH, WA. 98948 PH: 865-8406 FAX: 865-8413

PRINT NAME:			DATE:		
ADDRESS:					
CITY:		STATE:		ZIP CODE	
D.O.B	SOCIAL SECURITY#		VALID DRIVER'S LICENSE:		
PHONE#		CELL PHONE#		MESS. #	
LIST ENDORSEMENTS:		E-MAIL ADDRESS:		POSITION APPLYING FOR:	
EDUCATION: GED		DIPLOMA		YR. OBTAINED:	
ADDRESS:		WHERE OBTAINED:			
COLLEGE/ADDRESS					
TECH. SCHL/ADDRESS:					
Knowledge of work experience pertaining to this job:					

PREVIOUS EMPLOYMENT

Name of Employer:		Phone#	
Address:			
Date Employment Started:		Date Employment Ended	
Job Duties:			
Reason for Leaving:			
Supervisor's Name:		May we contact this employer: YES NO	

Name of Employer:		Phone#	
Address:			
Date Employment Started:		Date Employment Ended:	
Job Duties:			
Reason for Leaving:			
Supervisor's Name:		May we contact this employer: YES NO	

Indian Preference Eligibility

Tribe:	Enrollment #
YAKAMA DESCENDENT NAME & NUMBER:	

The information provided in this application is true, correct, and complete. If employed, any misstatement or omission of fact may result in my dismissal.

I understand that to accept an offer of employment does not create a contractual obligation: Employment conditions are pursuant to the Yakama Nation Personnel Policy Manual. Yakama Power is a Drug-Free Work Place and requires Pre-Employment drug testing (2.12)

I HEREBY GIVE PERMISSION TO YAKAMA POWER TO CONTACT MY CURRENT OR PREVIOUS EMPLOYERS. TO ALSO OBTAIN INFORMATION FROM MY DRIVING RECORD. INCLUDING education, credit, and criminal background.

Please PRINT YOUR FULL NAME:
SIGNATURE:
DATE:

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Additional Employment PREVIOUS EMPLOYMENT

Name of Employer:	Phone#
Address:	
Date Employment Started:	Date Employment Ended
Job Duties:	
Reason for Leaving:	
Supervisor's Name:	May we contact this employer: YES NO

Name of Employer:	Phone#
Address:	
Date Employment Started:	Date Employment Ended
Job Duties:	
Reason for Leaving:	
Supervisor's Name:	May we contact this employer: YES NO

Name of Employer:	Phone#
Address:	
Date Employment Started:	Date Employment Ended
Job Duties:	
Reason for Leaving:	
Supervisor's Name:	May we contact this employer: YES NO

Name of Employer:	Phone#
Address:	
Date Employment Started:	Date Employment Ended
Job Duties:	
Reason for Leaving:	
Supervisor's Name:	May we contact this employer: YES NO

Name of Employer:	Phone#
Address:	
Date Employment Started:	Date Employment Ended
Job Duties:	
Reason for Leaving:	
Supervisor's Name:	May we contact this employer: YES NO