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	SOCIAL SECURITY#		VALID DRIVER'S LICENSE:		
PHONE#	CELL	CELL PHONE#		MESS. #		
LIST ENDORSEMENTS:		E-MAIL ADDRESS:		POSI	POSITION APPLYING FOR:	
EDUCATION: GED DIPLOMA YR. OBTAINED: WHERE OBTAINED: ADDRESS:						
COLLEGE/ADDRESS						
TECH. SCHL/ADDRESS:						
Knowledge of work experience pertaining	to this job:					
6	10 TO		and the second se		-	
A Contraction		PREVIOUS EMPLOYM	ENT	1042.0		
Name of Employer:	- BI			Phone#		
Address:		and a start		2		
Date Employment Started:		Date Employment End	ded			
Job Duties:		4000				
Reason for Leaving:						
Supervisor's Name:		May we con	tact this employer:	YES	NO	
oupot and a man		A COSTA OF				
Name of Employer:	911	Phone#	-	-1		
Address:	nn			201		
Date Employment Started: Date Employment Ended:						
Job Duties:	AN		9H		1 CM	
Reason for Leaving:				111		
Supervisor's Name:	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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8413

Additional Employment PREVIOUS EMPLOYMENT					
Name of Employer:		Phone#			
Address:	·				
Date Employment Started: Date Employment Ended					
Job Duties:					
Reason for Leaving:	1				
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:	and the second second				
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			
		aff Ini			
Name of Employer:	E C	Phone#			
Address:	Dia				
Date Employment Started: Date	Employment Ended				
Job Duties:					
	I Y				
Reason for Leaving:					
Supervisor's Name:	May we contact this employer	r: 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	r: YES NO			