



Inter-Tribal Council of Nevada, Inc.

680 Greenbrae Drive, Suite 265, Sparks, NV 89431
 Mailing Address: P.O. Box 7440, Reno, NV 89510
 (775) 355-0600 (Fax) 355-0648

For Personnel Use:

APPLICATION FOR EMPLOYMENT

NOTICE: Please read this application thoroughly and complete it carefully and honestly. The Inter-Tribal Council of Nevada, Inc. (ITCN) performs a detailed background and pre-employment investigation process which frequently discloses inaccurate, false, and/or incomplete or omitted information. Should this process find any inaccurate or incomplete information, it will result in either your application being disqualified from consideration for employment or termination if the inaccuracies are discovered subsequent to employment. Do not substitute a resume for this application. Resumes may be attached for additional information. Attach certificates, license copies, etc., only if required by the job announcement. Do not attach samples of work, awards, letters, etc. If more space is needed to describe job history, attach additional information. ITCN will verify employment history prior to final consideration of an applicant. If you are applying for a driving position, you MUST attach a current DMV printout. ITCN is an equal opportunity Employer/Affirmative Action employer.

PLEASE ATTACH A COPY OF YOUR TRIBAL I.D., CURRENT DRIVER'S LICENSE AND COPIES OF YOUR DIPLOMA/DEGREE.

Title of position for which you are applying:		Date of Application:	
Last Name:		First Name:	Middle Initial:
If you have used any other names (First or Last) please list and the reason for use of it.			
Your complete mailing address:			
Telephone Numbers:	Home	Email address:	Date you will be available
Business	Cell		for employment?
Are you Native American? ___ Yes ___ No If yes, please provide a copy of Enrollment Card for Indian Preference.		If Yes, Tribal Affiliation: Enrollment #:	
Driver's License #: State: Expiration Date:		Social Security Number:	
Have you been employed by ITCN before? ___ Yes ___ No If yes, when? What position?		List names of any relatives employed by ITCN:	
Have you served in the United States Armed Forces? ___ Yes Branch: Rank: ___ No		Are you 18 years of age or older? ___ Yes ___ No	
Criminal Conviction/Traffic Violations: 1) Have you been convicted of a misdemeanor, gross misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Have you had adjudication of a crime deferred, or pled no contest to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Have you been arrested for any crime which has not yet been adjudicated? <input type="checkbox"/> Yes <input type="checkbox"/> No 4) Have you been arrested for a moving traffic violation within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to a criminal conviction(s), provide dates(s), location(s), and circumstances(s) on an attached sheet: A criminal conviction is not an automatic bar to employment. Each case is considered on its individual merits. NOTE: Positions working with Children require an additional background packet. Lack of requested information is basis for rejecting an application.			
Are you legally eligible for employment in this country? ___ Yes ___ No		If no, proof of citizenship or immigration status will be required.	

Did you graduate from High School? ____ Yes ____ No <i>Please attach copy of your diploma.</i>	If not, do you have a GED? ____ Yes ____ No <i>Please attach a copy of your certificate.</i>
Name & Address of College or Trade School attended: <i>Please attach a copy of your degree.</i>	Dates Attended: From: _____ To: _____ Did you graduate? If yes, type of degree or certificate received: Verified: <input type="checkbox"/> Initial.....
Name & Address of College or Trade School attended: <i>Please attach a copy of your degree.</i>	Dates Attended: From: _____ To: _____ Did you graduate? If yes, type of degree or certificate received: Verified: <input type="checkbox"/> Initial.....

WORK EXPERIENCE

Beginning with your most recent job, list jobs and any period of unemployment, relevant volunteer work or military service for the past 10 years. Include jobs you held more than 10 years that relate to the job for which you are applying. You may exclude organizations which may indicate race, color, religion, gender, national origin, handicap, or other protected status.

IMPORTANT: All Information must be completed in full.

Employer Name & Address:	Your Job Title:
Employer Phone:	Job Duties: (Include title & number of people you supervised)
Supervisor's Name & Title:	
Length of Employment: From: _____ To: _____	
Hours Worked Per Week: _____	Rate of Pay Starting: _____ Ending: _____
Reason for Leaving:	May we contact this employer? ____ Yes ____ No Verified: <input type="checkbox"/> Initial.....

Employer Name & Address:	Your Job Title:
Employer Phone:	Job Duties: (Include title & number of people you supervised)
Supervisor's Name & Title:	
Length of Employment: From: _____ To: _____	
Hours Worked Per Week: _____	Rate of Pay Starting: _____ Ending: _____
Reason for Leaving:	Verified: <input type="checkbox"/> Initial.....

Employer Name & Address:		Your Job Title:	
Employer Phone:		Job Duties: (Include title & number of people you supervised)	
Supervisor's Name & Title:			
Length of Employment:			
From: _____ To: _____			
Hours Worked Per Week:	Rate of Pay:		
	Starting: _____ Ending: _____		
Reason for Leaving:		Verified: <input type="checkbox"/> Initial.....	

Employer Name & Address:		Your Job Title:	
Employer Phone:		Job Duties: (Include title & number of people you supervised)	
Supervisor's Name & Title:			
Length of Employment:			
From: _____ To: _____			
Hours Worked Per Week:	Rate of Pay:		
	Starting: _____ Ending: _____		
Reason for Leaving:		Verified: <input type="checkbox"/> Initial.....	

Employer Name & Address:		Your Job Title:	
Employer Phone:		Job Duties: (Include title & number of people you supervised)	
Supervisor's Name & Title:			
Length of Employment:			
From: _____ To: _____			
Hours Worked Per Week:	Rate of Pay:		
	Starting: _____ Ending: _____		
Reason for Leaving:		Verified: <input type="checkbox"/> Initial.....	

Please list the types of office equipment or machines that you know how to operate:

CERTIFICATION	
I hereby certify that the information provided is true and correct to the best of my knowledge. I fully understand that if I provide false or misleading information, I will be subject to termination at any time during my employment with ITCN.	
Signature of Applicant:	Date:

Personal References

Supplemental to the ITCN, Inc. Employment Application

Name: _____ Date: _____

Please list the names, addresses, and telephone numbers of three references. DO NOT LIST RELATIVES. All reference information must be complete, especially telephone numbers.

If all information is not provided, your application will be considered incomplete and will not be processed until all information is provided.

Please Print Clearly

Name	
Mailing Address	
State/Zip Code	
Telephone	
Email Address	

Name	
Mailing Address	
State/Zip Code	
Telephone	
Email Address	

Name	
Mailing Address	
State/Zip Code	
Telephone	
Email Address	

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Mailing Address: P.O. Box 7440, Reno, NV 89510
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Authorization to Release Information

I hereby authorize the Inter-Tribal Council of Nevada Inc. to conduct an investigation into my personal background for the purpose of evaluating my qualification for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that ITCN may conduct all or part of such investigation. I also acknowledge and agree that ITCN may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history and public record information (e.g. record of civil judgment, convictions, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degree, licenses and transcripts may be relevant to ITCN evaluation of my qualifications and that such inquiry will be made pursuant to such investigation to release and disclose it to ITCN. I hereby release ITCN and any authorized person providing information in connection therewith from any and all liability which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to insure that any records located which may refer to a person with a name identical or similar to mine are properly determined as referring to, or not to me. I understand that I am not required to provide supplemental data and if I do so it will be used only in connection with the investigation authorized herewith.

I have been advised and I understand that I have the right to make a written request within thirty (30) days from the hereof to receive information concerning the nature and scope of the above described background investigation. The foregoing is in accordance with my understanding and agreement and my signature on the Authorization to Release Information confirms my acceptance thereof. Copies of the Authorization to Release Information that show my signature are as valid as the original Authorization to Release Information signed by me. Before signing, I have had an opportunity to review this document with anyone of my choosing, including an attorney.

Applicant Name: _____
(Please spell out legibly)

Date: _____

Applicant Signature: _____

Date: _____

Social Security Number: _____

Personnel Representative: _____

Date _____

IMPORTANT

This Authorization to Release Information is valid for one year from the date of the signature above. Upon expiration, applicant may be required to complete a new Authorization to Release Information.

Inter-Tribal Council of Nevada, Inc.

Applicant's Statement

I certify that the information I provided are true and completed to the best of my knowledge. I understand that the employer is relying upon all of the representation both written and oral, which I have made during the entire employment process. Therefore, I authorize investigation of all statements contained in this application for an employment decision.

Any applicant wishing to be considered for employment beyond this time period must complete a new application for other openings and inquire as to whether or not applications are being accepted at that time for those position(s).

I understand that a pre-employment drug testing may be required as a condition of employment. If employed, I agree to conform and abide by the rules and regulations of Inter-Tribal Council of Nevada's Drug-Free Workplace Policy.

I further understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with ITCN is of an "At-Will" nature, and is and will always be one of voluntary employment. The employee is free to resign at any time, with or without notice, for any reason or no reason. Similarly, ITCN is free to conclude any employment relationship at any time as it believes it is in ITCN's best interest to do so with or without notice, for any reason or no reason. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Board of the Inter-Tribal Council of Nevada.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless the employer and employee in writing execute a specific document to that effect.

It is further understood that all statements made by me in connection with this application for employment will be checked by ITCN and in the event of an offer of employment, that false statements, misleading information, or omissions given in my application or interview may result in immediate dismissal.

Certification

I hereby certify that I have read and acknowledge the information contained above and agree to abide by all policies and procedures of the Inter-Tribal Council of Nevada.

Employee Name: _____ Date: _____
(Please spell out legibly)

Employee Signature: _____ Date: _____