A Sovereign Nation of Confederated Tribes

TRIBAL COUNCIL OFFICE 77826 COVELO ROAD COVELO CALIFORNIA 95428 PHONE: 707-983-6126 FAX: 707-983-6128



LOCATION: ON STATE HWY 162
ONE MILE NORTH OF COVELO
IN ROUND VALLEY
TRIBAL TERRITORY SINCE TIME BEGAN

ROUND VALLEY RESERVATION ESTABLISHED 1856

ROUND VALLEY INDIAN TRIBES

APPLICATION FOR EMPLOYMENT

PERSONNEL INFORM	ATION:		Date:			
NAME:						
	Last	First		Middle Initial		
PHYSICAL ADDRESS:						
	Street	City	State	Zip		
MAILING ADDRESS:_						
	Street	City	State	Zip		
PHONE NUMBER:		Are	you 18 years or old	er? Yes / No (Circle one)		
Are you prevented f status? Yes / No (Circ	•	ming employed in th	ne country because	of visa or immigration		
Position(s):		IPLOYMENT DES				
1 03111011(3).						
Start Date:		Desired Salary:				
Are you employed no	w? Yes / No (Circle	e one). If so, Where? _				
May we contact your	current employer?	Yes / No (Circle one)).			
Have you applied wit	h us before? Yes / I	No (Circle one). If so,	when?			
Referred by:						
	he QR Code our phone's					



Scan the QR Code with your phone's camera to view this application on the tribes' website.

Revised 09/2019
RVIT Job Application

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EDUCATION:

	Name and Location of School	Number of years Attended	Did you graduate?	Subject Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

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RECORD OF EMPLOYMENT

Is your resume attached? Yes / No (Circle one). If you attach your resume, you may leave this part of the form blank.

necessary.	b positions, with your latest job first. Attach additiona	
From:	To:	
Name of employer:		
Salary:	Position:	
From:	To:	
Name of employer:		
Address of Employer:		
Salary:	Position:	
From:	To:	
Name of employer:		
Address of Employer:		
Salary:	Position:	
Reason for leaving:		

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INDIAN PREFERENCE

In accordance with Public Law 96-26, Indian Preference Act, this agency will recruit and give preference to qualified American Indians in employment and training. Please complete the following if you are claiming eligibility for this preference:

Tribal Roll Number:	
Agency:	
	thin the last five (5) years? Yes / No (Circle one). If yes, give the
understand that if any false information	omitted by me on this application is true and complete, and n, omissions, or misrepresentations are discovered, my application my employment may be terminated at anytime"
SIGNATURE:	DATE:

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REFERENCE RELEASE FORM

Applicant name:					
Social Security Number:	cial Security Number: Date of Employment:				
The above-named applicant is has listed your organization as of this form at your earliest co to 707-983-6128 or email to: p	a former emplo onvenience. Info	oyer. We wo	ould appreciate	e your verifica	ation and completion
Thank you for your assistance.					
	Applica	nt's Autl	norization		
information concerning my act reasons for separation of empl understood that any information employment. I also herby rel damages or claims including beconomic advantage and neg information provided pursuant Applicant's Signature:	oyment or any ion given is to be lease my formed to the lease my formed in the lease my formed in the lease my formed in the lease my many formed in the lease my many formed in the lease my my many formed in the lease my	other employed to defamate or may historian	oyment with nather purpose of er, its agents ation, interfere nave which aring attempts to	ny former em determining and employe nce with cor se or result comply with	ployer. It is expressly my acceptability for ees from liability for attract or prospective from any reference
DO NOT	WRITE BELOW THIS I		VALLEY INDIAN TRIE	BES USE ONLY	
Former Employer:					
Summary of Duties:			Da		d:
Salary at separation:				Eligible fo	or Rehire? Yes / No
Please rate the following: Job Knowledge: Accuracy: Productivity: Attendance: Overall Performance:	Excellent	Good 	Average	Fair	Poor