

YAKAMA NATION HOUSING AUTHORITY
Application for Employment

P.O. Box 156 * 611 S. Camas Ave. * Wapato * WA * 98951

PLEASE BE SURE TO COMPLETE ALL INFORMATION ON APPLICATION

Personal Background

Print Name: Last, First M.		Last four digits of Social Security # XXX-XX-	Are you over 18: Circle One: Yes No <input type="radio"/> <input type="radio"/>
Physical & Mailing Address (if same -only need one):		Indian Preference: Tribe	Enrollment Number
		Valid Drivers License? Circle One: Yes <input type="radio"/> No <input type="radio"/>	Drivers License #:
Phone #	Phone#	Endorsement/restriction	Are you a Veteran? Circle One: Yes <input type="radio"/> No <input type="radio"/>
Job Announcement # and/or Position applying for: 1 st Choice: _____ 2 nd Choice: _____		*Are any of your relatives presently employed with YNHA. Check One: <input type="radio"/> Yes <input type="radio"/> No If yes, who?	
Have you ever been convicted of a Felony within the past ten (10) Years? Circle One: <input type="radio"/> Yes <input type="radio"/> No →→		If so, when, where, and disposition of case:	

Educational Background

Education	Name / Location	Graduated Circle one -Yes or No	Major
<i>GED</i>		<input type="radio"/> Yes/No <input type="radio"/>	
<i>High School</i>		<input type="radio"/> Yes/No <input type="radio"/>	
<i>College:</i>		<input type="radio"/> Yes/No <input type="radio"/>	
<i>Trade / Other</i>		<input type="radio"/> Yes/No <input type="radio"/>	
Other Training / Certificates / Awards Received:			

Reference

Give the names of three persons, not related to you, whom you have known at least one year

Name	Address	Phone #	Yrs. Acquaint.

EMPLOYMENT BACKGROUND

This section must be completed entirely. Do Not Write; Refer to Resume.

A) Company / Address / Supervisor:		Duties / Responsibilities:	
Job Title:			
Salary:	Phone #:	Date of Employment From To	Reason for Leaving:
B) Company / Address / Supervisor:		Duties / Responsibilities:	
Job Title:			
Salary:	Phone #:	Date of Employment From To	Reason for Leaving:
C) Company / Address / Supervisor:		Duties / Responsibilities:	
Job Title:			
Salary:	Phone #:	Date of Employment From To	Reason for Leaving:
D) Company / Address / Supervisor:		Duties / Responsibilities:	
Job Title:			
Salary:	Phone #:	Date of Employment From To	Reason for Leaving:

Read and initial the following statements before signing this application.

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give Yakama Nation Housing Authority's (YNHA) representatives any and all information regarding me and my previous employment. I release YNHA, and all previous employers and supervisors from liability for any damages that may result from furnishing information to YNHA (_____ initial here.)

I understand that if employed; employment at YNHA is at-will, this means that employees may decide to terminate their employment with YNHA, or YNHA may decide to terminate their employment, at any time, for any reason or no reason (_____ initial here.)

I understand that if employed, I am required to undergo an Employee Alcohol and Drug Free Evaluation Test for pre-employment, random, job-related injury, and reasonable cause/suspicion. Positive testing may result in disciplinary action and/or termination (_____ initial here.)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that a misrepresentation or material omission on this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to YNHA, will result in immediate termination of my employment. (_____ initial here.)

Applicant; Print Your Full Name: _____

Signature of Applicant: _____ **Date:** _____