## PULIKLA TRIBE OF YUROK PEOPLE

A Federally Recognized Indian Tribe

APPLICANT INFORMATION																	
Last Name	First												M.I.		Date		
Street Address										Apartment/Unit #							
City							State						ZIP				
Home Phone							E-mail Address										
Cell Phone						Drivers License # and State											
Date Available	Social S				Social Se	ecui	ecurity No.				Des			sired Salary			
Position Applie	ed for																
Are you currently employed?					YES	N	NO   If so, V  & Add			nere ss?							
Can we contact your supervisor? YES [					YES	N	0 🗆	If so	If so, Who & Phone #								
Do you Claim Indian Preference?					N	0 🗆	If so, What tribe?										
Do you have a Roll or I.D. Number?					N	0 🗆	If so it?	If so, what is it?									
Have you ever worked for the Rancheria? YES					N	0 🗆	If so	If so, where and position?									
EDUCATION and position:																	
High School						Address											
From	To Did yo			ou graduate?		YES [	r	NO   Degree		ree							
College						A	ddress										
From	To Did you g			ou graduate	graduate? YES N			NO [	Degree								
Other	Address																
From		To Did you graduate? YE			YES [	NO Degree											
REFERENC	ES																
Full Name							R	Relationship									
Company							P	hone									
Address																	
Full Name							R	Relationship									
Company							P	hone									
Address																	
Full Name							R	Relationship									
Company							Р	Phone									
Address																	

PREVIOUS EMPLOYMENT										
Company			Phone							
Address			Supervisor							
Job Title			\$	Ending Salary \$						
Responsibilities										
From	То	Reason for Leaving	l							
May we contact yo	our previous super	visor for a reference?	NO 🗆							
Company			Phone							
Address			Supervisor							
Job Title			Starting Salary	\$	Ending Salary \$					
Responsibilities										
From	To Reason for Leaving									
May we contact your previous supervisor for a reference? YES NO										
Company			Phone							
Address			Supervisor							
Job Title			\$	Ending Salary \$						
Responsibilities										
From	То	Reason for Leaving	l							
May we contact yo	our previous super	visor for a reference?	YES 🗌	NO 🗆						
PLEASE S	EE ADDR	ESS AND C	ONTACT	INFORMAT	ION AT BO	ГТОМ ОБ				
APPLICA <sup>*</sup>										
DISCLAIMER A	AND SIGNATUR	RE								
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.										
RESIGHINI RANCHERIA RESERVES THE RIGHT TO REQUEST MANDATORY DRUG TESTING FOR ANY EMPLOYEE WHO WORKS ON THE RANCHERIA. I AM AWARE OF THE ABOVE CONDITIONS OF EMPLOYMENT BY THE PULIKLA TRIBE OF YUROK PEOPLE AND AGREE TO THEM.										
Signature			Date							



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