

Yakama Nation Application Check List

When completing your application please be sure to do the following:

✓ Complete application, print & sign. (received application via email)
Print clearly, use Black/Blue Ink.

✓ Make certain all information is legible.

✓ If you have a resume, please include a copy.
*Note: Application must be filled out completely.

✓ If you have a driver's license, please list your number.

✓ **DO NOT WRITE ANY JOB ANNOUNCEMENT NUMBERS ON THE APPLICATION.**



Mandatory Attachments:

✓ Proof of all formal education; to include diploma, GED, degrees, and transcripts. (If applicable)

✓ Provide your Tribal I.D. (If applicable)

✓ Please provide proper documentation for spouse of enrolled member, descendant, etc.

✓ Provide Driver's License (If applicable)

✓ Provide Social Security Card.

✓ If you are claiming to be a Veteran, please attach your DD 214.



*** Note copies of identification are required. Applications will not be accepted without proper identification. NO EXCEPTIONS!**

***** Remember, applications are kept on file for six (6) months. It is YOUR responsibility to keep up-dated. *****

Thank you
Yakama Nation Human Resources Office

YAKAMA NATION APPLICATION FOR EMPLOYMENT

Name:		Other Names Used:		Date of Birth:	
Mailing Address:			City:		State: Zip Code:
Last 4 digits of SS No.: XXX-XX-	Email Address:		Phone:		Phone:
Valid WA St. Driver's License? Yes No		Driver License No.:		No	
EDUCATIONAL:					
	Name	City/State	Dates Attended	Year Graduated	Diploma or Degree received
High School:					
Trade or Business School:					
College:					
Other (GED, training):					
Describe Any Specialized Training, Apprenticeships, Skills, and Other Training Activities: (Include Dates)					
List Any Honors That You Have Received:					
INDIAN PREFERENCE: <i>Provide proof of eligibility with this application.</i>					
A.	Tribe:		Enrollment No.:		
B.	Enrolled Indian Spouse of a Yakama Enrolled Member. Your Tribe/Enrollment No:				
	Spouses Name/Enrollment No:				
C.	Descendent of an enrolled Yakama Member (<i>attach proof from YN Enrollment Office</i>)				
	Enrolled Members Name/Enrollment No.:				
D.	Spouse of a Yakama Enrolled Member. I am not enrolled with any federally recognized tribe.				
	Spouse Name/Enrollment No.:				
MINORS: ***Please Provide Copy*** If you are under (18) years of age, must have parent/guardian sign a work permit.					
IMMIGRATION: : If selected for employment with the Yakama Nation, you will be required to provide documentation stating you are authorized to work in the United States. Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>					
VETERAN PREFERENCE: The Yakama Nation recognizes honorable military service. ***Please provide a copy of your DD-214 with this application.*** Provided: Yes <input type="checkbox"/> No <input type="checkbox"/>					
SELECTIVE SERVICE: Males born after 12/31/59 who are 18 but not yet 26 years old must be registered with Selective Service. Please provide Selective Service No.: _____					
REFERENCES: (Attach letters of reference-optional.)					
Name of Reference:		Address		Phone No.:	
MISCELLANEOUS: Have you committed any crime or felony that would prevent you from working for the Yakama Nation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide explanation: _____					
IMPORTANT ~ PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING					
Information provided in this application is true, correct, and complete. I understand that, if employed, any misinformation or omission of fact pertaining to this application could result in dismissal. I understand that acceptance of an oral offer of employment does not create a contractual obligation and that conditions of employment are pursuant to the Yakama Nation Personnel Policy Manual. I understand that the Yakama Nation is a Drug-Free Work Place and a pre-employment drug and alcohol test is required. I hereby give my permission to the Yakama Nation to conduct a background check, confer with previous/current employers and references, and confirm my education and/or credit background as required.					
PLEASE PRINT YOUR FULL NAME:				DATE:	
SIGNATURE:					

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Note to Applicant: Application must be filled out completely. Do not put REFER TO RESUME

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Duties:	Reason for Separation:	

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Duties:	Reason for Separation:	

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Duties:	Reason for Separation:	

COMPANY/PROGRAM NAME/ADDRESS:	Phone & Salary:	\$
	Title:	
	Dates of Employment:	
	Supervisor:	
Duties:	Reason for Separation:	

ATTACH ADDITIONAL SHEETS AS NECESSARY FOR WORK EXPERIENCE
WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE OTHERWISE (BELOW):

Do Not Contact:	Reason:

TO APPLY: Mail or Submit completed application with required attachments.
Yakama Nation Human Resources Office, P.O. Box 151, Toppenish, WA 98948. (509) 865-5121 Ext. 4381
 Applications must be submitted **BEFORE** the Deadline Date in order to be considered for employment!!

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*****Applications are kept on file for 6 months*****

SUPPLEMENTAL INFORMATION SHEET

NAME: _____ DATE: _____

Please check applicable qualifications:

	Spreadsheet		Data Base	
	Bookkeeping		Desk-Top Computer Operation	
	Accounting		Writing Skill	
	JD Edwards Experience		Typing:	WPM
	Transcribing		10-key:	KPM
	Communication Skill		Hand Tools	
	Supervision		Chainsaw Operation	
	Management		Power Hand Tools	
	Heavy Equipment Operation		Bi-Lingual	
	Please Specify:		Please Specify:	

Provide Copies of the Following:

	Driver's License		WA State ID (Only if no Driver's License)	
	Combination Driver's License		CPR Certified	
	First Aid Card		Food Handler's Permit	

Official Copies of Certificates/Degree's

	Associate Degree		Bachelor's Degree	
	Masters Degree		PHD	
	Juris Doctorate		Vocational Certificate	

Other information that would be helpful to your employment, please be specific: