



**PIT RIVER TRIBAL HOUSING BOARD
SUPPLEMENT APPLICATION
FORCE ACCOUNT EMPLOYMENT**

NAME: _____ DATE: _____

I WILL ACCEPT: FULL TIME PART TIME BOTH

PLEASE CHECK THE FOLLOWING INFORMATION AS IT APPLIES TO YOU

LEVEL OF EXPERIENCE / TRAINING

	LITTLE	SOME	SKILLED
Laborer			
Framing Carpenter			
Carpentry			
Roofing			
Plumbing			
Electrical			
Concrete			
Heating / Cooling			
Insulation			
Drywall / Tape / Texture			
Flooring / Floor Covering			
Cabinets / Woodworking			
Clean-Up Crew			
Painting Interior			
Painting Exterior			
Operation of Heavy Equipment			

PLEASE SEND OR DELIVER WITH ORIGINAL APPLICATION TO:

PIT RIVER TRIBAL HOUSING BOARD

P.O. BOX 2350

37134 MAIN STREET

BURNEY, CA 96013

PHONE: (530) 335-4809

FAX: 530-335-4849

Pit River Tribal Housing Board

P.O. Box 2350

Burney, CA 96013

EMPLOYMENT APPLICATION

Note: PRTHB will not consider incomplete or unsolicited applications

Position you are seeking (you must fill out one application for each position you are applying for)

Force Account Other _____

How did you learn about this position? Advertisement (specify source) Walk-In Friend Other

Name	Last	First	Middle	
Address		Phone #	E-Mail	
City	State	Zip	Social Security #	Date of Birth
If applying for Indian Preference (24 CFR 36.221), state the Tribe and attach a copy of your enrollment card. This must be included to receive Indian Preference		Have you ever filed an application with the Pit River Tribe before?		
Tribe: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Enrollment # _____		Please give date: _____		

Do any of your friends or relatives, other than a spouse work here? Yes No

If yes, please give name, relationship and position _____

Have you ever been employed with Pit River Tribe before? Yes No

Are you at least 18 years of age or older? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Do you have a currently valid California Drivers License? Yes No

CDL # _____

Do you have your own transportation? Yes No

Current Registration Yes No

Automobile Insurance Carrier _____

Are you a US Citizen? Yes No

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

Have you ever been convicted of a crime within the last five years? Yes No

If yes, please explain the circumstances

Education & Training

Are you capable of performing, with or without reasonable accommodation, the essential duties of the job for which you are applying? (Do not answer unless you have read the job description.) Yes No

Date available for work: _____

What is your desired salary range? _____

Please check your availability to work:

Regular Full-Time Regular Part-Time at ___ hours/week Temp/Seasonal Full-Time Temp/Seasonal Part-Time at ___ hours/week

School	Name, City & State of School	Course of Study	# years	Diploma/Degree	
High School				Yes	No
Undergraduate School				Yes	No
				Yes	No
				Yes	No
				Yes	No
Graduate School					
				Yes	No
Other (Specify)					
				Yes	No

Please list any additional information and skills you feel may be helpful to us in considering your application _____

Begin with your current or last job. Include any job-related military service assignments and volunteer activities. You may exclude any organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status

Employer:	Dates Employed		Work performed/Responsibilities:	
	From:	To:		
Address:	Hourly/Salary Rate			
	Start:	End:		
Supervisor & Telephone #				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title				Reason for leaving:
Employer:	Dates Employed		Work performed/Responsibilities:	
	From:	To:		
Address:	Hourly/Salary Rate			
	Start:	End:		
Supervisor & Telephone #				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title				Reason for leaving:
Employer:	Dates Employed		Work performed/Responsibilities:	
	From:	To:		
Address:	Hourly/Salary Rate			
	Start:	End:		
Supervisor & Telephone #				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title				Reason for leaving:

List Three Professional References not related to you

	Name	Address & Phone Number	Occupation
1.			
2.			
3.			

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than the Housing Coordinator has the authority to alter the foregoing.

CERTIFICATION

I authorize investigation for all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is subject to the personnel policy and procedures of the Pit River Tribal Housing Board.

Name _____

Date _____