

# Yakama Nation Human Resources

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Last, First MI

Alt/ MSG#: \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Thank You!**

## Apply

New App	UpDate App	Apply	Temporary Employment	Un-Emploment	G.A.

## Job Announcement Number(s) & Title

2018-	2018-
2018-	2018-
2018-	2018-
2018-	2018-
2018-	2018-

## Temporary Employment interest:

\_\_\_\_\_ Office

\_\_\_\_\_ Field

\_\_\_\_\_ Maintenance/ Janitorial

\_\_\_\_\_ Cook/Server

Please Check the boxes accordingly and Submit Request via:

**email:** [YNAApplications@yakama.com](mailto:YNAApplications@yakama.com) **FAX:** (509) 865-8777 **or Drop Off**

**If you have any questions please call (509) 865-5121 ext: 4687 or 4833**

# YAKAMA NATION APPLICATION CHECKLIST



## WHEN COMPLETING YOUR APPLICATION BE SURE TO DO THE FOLLOWING:

Complete application, print & sign (this includes application via email or fax)  
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 on the application.

**ATTACH A COMPLETED SIGN-IN SHEET WITH APPLICATION.**  
**DO NOT WRITE ANY JOB ANNOUNCEMENT NUMBERS ON THE APPLICATION.**

## MANDATORY ATTACHMENTS:

**Proof of all formal education: High School Diploma, GED, College Degrees and transcripts.**

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

**Provide proper documentation for spouse of enrolled member (Copy of spouse's Yakama Nation Enrollment Card), descendant of the Yakama Nation (Letter from Yakama Nation Enrollment Office verifying proof of descendant).**

**Provide Driver's License/Washington State I.D.**

**If claiming to be a Veteran, please attach your DD-214.**

**\*Note copies of identification are required. Application 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 it updated. \*\*Applications must be received before job deadline to be considered.***

**Contact Human Resources at (509) 865-5121, extension 4387 or 4833  
Please submit applications by :**

**In person: 401 Fort Road, Room 16, Toppenish, WA 98948**

**Email: [ynapplications@yakama.com](mailto:ynapplications@yakama.com)**

**Fax: (509) 865-8777**

**Mailing: PO Box 151, Toppenish, WA 98948**

# YAKAMA NATION APPLICATION FOR EMPLOYMENT

Name:		Other Legal Names Used:		Date of Birth:	
Mailing Address:			City:		State:      Zip Code:
Last 4 digits of SS No.: <b>XXX-XX-</b>	Email Address:		Phone:		Phone: Alternate:
Valid WA St. Driver's License?      Yes <input type="checkbox"/>		Driver License No.:		No <input type="checkbox"/>	

**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:** *Provide proof of eligibility with this application.*

**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 (*attach proof from YN Enrollment Office*)  
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       No

**VETERAN PREFERENCE:** The Yakama Nation recognizes honorable military service.  
\*\*\*Please provide a copy of your DD-214 with this application.\*\*\*      Provided:      Yes       No

**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       No       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.

<b>PLEASE PRINT YOUR FULL NAME:</b>	<b>DATE:</b>
<b>SIGNATURE:</b>	

# YAKAMA NATION APPLICATION FOR EMPLOYMENT

**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):	
<b>Do Not Contact:</b>	<b>Reason:</b>

# YAKAMA NATION APPLICATION FOR EMPLOYMENT

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

## SUPPLEMENTAL INFORMATION SHEET

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please check applicable qualifications:**

<input type="checkbox"/> Spreadsheet (Excel, Access, etc.)	<input type="checkbox"/> Data Base
<input type="checkbox"/> Bookkeeping (Experience Level)	<input type="checkbox"/> Desk-Top Computer Operation
<input type="checkbox"/> Accounting	<input type="checkbox"/> Writing Skill
<input type="checkbox"/> JD Edwards Experience	<input type="checkbox"/> Typing: <input type="text"/> WPM
<input type="checkbox"/> Transcribing	<input type="checkbox"/> 10-key: <input type="text"/> KPM
<input type="checkbox"/> Communication Skill	<input type="checkbox"/> Hand Tools
<input type="checkbox"/> Supervision	<input type="checkbox"/> Chainsaw Operation
<input type="checkbox"/> Management	<input type="checkbox"/> Power Hand Tools
<input type="checkbox"/> Heavy Equipment Operation	<input type="checkbox"/> Bi-Lingual
<input type="checkbox"/> Please Specify: <input type="text"/>	<input type="checkbox"/> Please Specify: <input type="text"/>

**Provide Copies of the Following:**

<input type="checkbox"/> Driver's License	<input type="checkbox"/> WA State ID (Only if no Driver's License)
<input type="checkbox"/> Combination Driver's License	<input type="checkbox"/> CPR Certified (current)
<input type="checkbox"/> First Aid Card	<input type="checkbox"/> Food Handler's Permit (current)

**Official Copies of Certificates/Degree's**

<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Masters Degree	<input type="checkbox"/> PHD
<input type="checkbox"/> Juris Doctorate	<input type="checkbox"/> Vocational Certificate

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