



Inter-Tribal Council of Nevada, Inc.
10 State Street, Reno, NV 89501
Mailing Address: P.O. Box 7440, Reno, NV 89510
Ph: (775) 355-0600 Fax: (775) 284-3407

For Personnel Use:

APPLICATION FOR EMPLOYMENT

NOTICE: Please read this application thoroughly and complete it carefully and honestly. The Inter-Tribal Council of Nevada, Inc. (ITCN) performs a detailed background and pre-employment investigation process which frequently discloses inaccurate, false, and/or incomplete or omitted information. Should this process find any inaccurate or incomplete information, it will result in either your application being disqualified from consideration for employment or termination if the inaccuracies are discovered subsequent to employment. Do not substitute a resume for this application. Resumes may be attached for additional information. Attach certificates, license copies, etc., only if required by the job announcement. Do not attach samples of work, awards, letters, etc. If more space is needed to describe job history, attach additional information. ITCN will verify employment history prior to final consideration of an applicant. If you are applying for a driving position, you MUST attach a current DMV printout. ITCN is an Equal Opportunity Employer/Affirmative Action employer.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	TODAY'S DATE
IF APPLICABLE, LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN WHICH MAY BE NECESSARY TO ALLOW US TO CONFIRM YOUR WORK AND EDUCATIONAL RECORD. FOR EXAMPLE, CHANGE OF NAME, USE OF AN ASSUMED NAME, NICKNAME, ETC.:			
ADDRESS: STREET	CITY	STATE	ZIP
HOME PHONE:	CELL PHONE:	E-MAIL:	

IF HIRED, CAN YOU PROVIDE VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN EMPLOYED WITH ITCN BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, GIVE DATES AND LOCATION:		
DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY ITCN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE STATE NAME(S):		
ARE YOU NATIVE AMERICAN? (Please provide copy of enrollment card for Indian preference)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	TRIBAL AFFILIATION: ENROLLMENT #:	
ARE YOU 18 YEARS OF AGE, OR OLDER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EMPLOYMENT DESIRED

WHAT POSITION ARE YOU APPLYING FOR?	1 ST CHOICE:	2 ND CHOICE:	
DATE AVAILABLE:	FULL TIME: <input type="checkbox"/> PART TIME: <input type="checkbox"/>	DESIRED RATE OF PAY:	
IF DRIVING IS AN ESSENTIAL DUTY OF THE JOB WHICH YOU ARE APPLYING FOR: DO YOU HAVE A CURRENT DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ISSUING STATE:	CLASS:	NUMBER:	EXPIRATION:

EDUCATION	LIST SCHOOLS AND/OR BRANCH OF SERVICE AND CITY/STATE	LEVEL ATTAINED/ TYPE OF DEGREE
-----------	--	--------------------------------

HIGH SCHOOL		
COLLEGE		
U.S. MILITARY SVC.		
TRADE SCHOOL		
ADDITIONAL SKILLS AND QUALIFICATIONS:		

REFERENCES - PLEASE PROVIDE THREE PROFESSIONAL OR WORK-RELATED REFERENCES WHO HAVE KNOWN YOU FOR AT LEAST TWO YEARS (DO NOT LIST RELATIVES):

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

EMPLOYMENT HISTORY:

- PROVIDE EMPLOYMENT HISTORY FOR THE PAST 7 YEARS - BEGIN WITH THE MOST RECENT EMPLOYER FIRST.
- ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN SPACE PROVIDED BETWEEN POSITIONS.

DATES OF EMPLOYMENT	COMPANY STREET/ CITY/ STATE IMMEDIATE SUPERVISOR / TELEPHONE #	JOB TITLE JOB DUTIES	REASON FOR LEAVING
START DATE: END DATE:			
START DATE: END DATE:			

DATES OF EMPLOYMENT	COMPANY STREET/ CITY/ STATE IMMEDIATE SUPERVISOR / TELEPHONE #	JOB TITLE JOB DUTIES	REASON FOR LEAVING
START DATE			
END DATE			
START DATE			
END DATE			
START DATE			
END DATE			
START DATE			
END DATE			

APPLICANT CERTIFICATION

I understand that the company - organization? is relying upon all of the representations, both written and oral, which I have made or do during the entire process of applying for employment with Inter-Tribal Council of Nevada. I acknowledge that Inter-Tribal Council of Nevada has the right to investigate any other information that the company believes relevant including but not limited to, employment history, educational background, references, credit history and conviction records. I hereby agree to hold Inter-Tribal Council of Nevada, its officers and agents, harmless from any and all liability resulting in any way from such investigation and from any and all attorney fees resulting from any legal action I may institute which is within the scope of this waiver. I also authorize my former employers, schools, and references to provide any information they may have regarding me, whether or not it is in their records. I hereby release them and their company from all liability for divulging same.

In the event that employment is granted, Inter-Tribal Council of Nevada, as employer, may at its discretion, with or without notice, modify, amend, or terminate present or future policies or practices relating to but not limited to, piece-rates, hours, job duties and descriptions, benefits or any other terms of employment.

In the event that employment is granted, I have no objection to making application for security clearance. And if necessary, signing an employee agreement on confidential information and inventions, or taking a job-related medical examination.

In the event that employment is granted, in consideration of such employment, I promise to ascertain and abide by all pertinent rules and regulations, and I understand that failure to do so may be cause for discharge from such employment.

I understand that if Inter-Tribal Council of Nevada, employs me, my employment will be "at will" and I may terminate my employment at any time, with or without notice and with or without reason. Similarly, Inter-Tribal Council of Nevada is free to terminate an employment relationship with me at any time with or without notice and with or without reason if it believes it to be within Inter-Tribal Council of Nevada, best interest. No supervisor or representative of Inter-Tribal Council of Nevada other than the President has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to the

foregoing. Nothing in the **company** employment procedure or in subsequent employment is intended to be or convey a contract of employment, expressed or implied.

I have read and understand the foregoing application and agreement. By my signature below, I understand that incomplete or inaccurate employment applications will not be considered for employment. All the responses I have made on this application are true and correct to the best of my knowledge. I understand that if I make any false statements, misrepresentations, or omissions in this application process, this application could be rendered void and may be reason for my immediate discharge at any time during my employment.

Applicant signature

Date

Print full name

Inter-Tribal Council of Nevada, Inc. is an Equal Opportunity Employer

All applicants will be considered for employment without regard to actual or perceived race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, medical condition, pregnancy, genetic information, marital status, amnesty, or status as a covered veteran or any other characteristic protected by applicable federal, state or local laws.

Inter-Tribal Council of Nevada, Inc.

10 State Street, Reno, NV 89501

Mailing Address: P.O. Box 7440, Reno, NV 89510 Ph: (775) 355-0600 Fax: (775) 284-3407

Authorization to Release Information

I hereby authorize the Inter-Tribal Council of Nevada, Inc. to conduct an investigation into my personal background for the purpose of evaluating my qualification for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that ITCN may conduct all or part of such investigation. I also acknowledge and agree that ITCN may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history and public record information (e.g. record of civil judgment, convictions, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses and transcripts may be relevant to ITCN evaluation of my qualifications and that such inquiry will be made pursuant to such investigation to release and disclose it to ITCN. I hereby release ITCN and any authorized person providing information in connection therewith from any and all liability which may arise in connection with the above-described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to ensure that any records located which may refer to a person with a name identical or similar to mine are properly determined as referring to, or not to me. I understand that I am not required to provide supplemental data and if I do so it will be used only in connection with the investigation authorized herewith.

I have been advised and I understand that I have the right to make a written request within thirty (30) days from the hereof to receive information concerning the nature and scope of the above-described background investigation. The foregoing is in accordance with my understanding and agreement and my signature on the Authorization to Release Information confirms my acceptance thereof. Copies of the Authorization to Release Information that show my signature are as valid as the original Authorization to Release Information signed by me. Before signing, I have had an opportunity to review this document with anyone of my choosing, including an attorney.

Applicant Name: _____
(Please spell out legibly)

Date: _____

Applicant Signature: _____

Date: _____

Social Security Number: _____

Human Resources Representative: _____

Date: _____

Applicant Name: _____
(Please print legibly)

Section 231 of the Crime Control Act of 1990, Public Law 101-647, requires that employment applications for individuals seeking employment in a position involved with the provision to children under the age of 8 of "child care services," as defined in 42.U.S.C. 13041(a)(2), the term "child care services" means child protective services (including the investigation of child abuse and neglect reports), social services, health and mental health care, child (day) care, education (whether or not directly involved in teaching), foster care, residential care, recreational or rehabilitative programs, and detention, correctional, or treatment services. Individuals hired for such positions must undergo a criminal history background check.

Section 401 of the Indian Child Protection and Family Violence Prevention Act, Public Law 101-630, contains a related requirement for positions operating under contract with the federal government that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes. The law requires that the agency conduct an investigation of the character of each individual who is being considered for employment in such a position and prescribe in regulations the "minimum standards of character" that must be met in order for an individual to fill such a position. The regulations specify that "the minimum standards of character shall be considered met only after the individual has been the subject of a satisfactory background investigation," which includes a criminal history background check. 42 C.F.R. §136.406

To assure compliance with the above laws, the following questions are added to the Declaration of Employment:

1. Have you ever been arrested for or charged with a crime involving a child? Yes ☐ No ☐

(If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.)

2. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children?
Yes ☐ No ☐

(If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.)

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fine under title 18 of the U.S. Code, or imprisonment of not more than 5 years, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the **Indian Health Council** and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature: _____

Date: _____