Application Checklist

POSITION APPLIED FOR: _____

Indian Preference shall not be claimed without proof. Submitted applications without copies of verification documents, unanswered questions, omitted dates, omitted signatures, resumes in lieu of applications, late submissions, or missing pages will be classified as incomplete and ineligible for further hiring consideration.

□ Copy of your official enrollment card (or other official Indian Preference document). If claiming Indian Preference through a spouse you must attach a copy of your spouse's enrollment card and proof of marriage. Or, minor EBCI child(ren) enrollment document.

□ The "References", Page 6 is signed and dated.

□ The "Authorization to Release Information" page has been completed and notarized. (Page 8)

□ The "Tribal Drug and Alcohol Policy" (Page 11) is signed and dated.

□ Attach copies of certificates, diplomas, driver's license, or other qualifying credentials that relate to the position you are applying for.
□ The DMV Record Authorization completed

Note: Applications submitted to Human Resources must be originals; copies are not accepted, resumes will not be accepted in lieu of the tribal application.

_____ _____
Signature: Date:

(Revised 3/13)

EASTERN BAND OF CHEROKEE INDIANS
APPLICATION FOR EMPLOYMENT

It is the policy of the Eastern Band of Cherokee Indians to give employment preference to enrolled members of the EBCI who meet the minimum requirements outlined within the job description based on Indian Preference in Hiring. After considering Indian Preference, it is the policy of the EBCI to foster, maintain, and promote Equal Employment Opportunities, which do not discriminate on the basis of race, color, national origin or sex provided a complete applications is submitted for each position the applicant is interested in receiving consideration for.

***NOTE: IT SHALL BE THE RESPONSIBILITY OF THE APPLICANT TO SUBMIT ANY AND ALL DOCUMENTS TO VERIFY AND CONFIRM THE QUALIFICATIONS, CREDENTIALS AND CONTENTS OF EACH APPLICATION SUBMITTED (e.g. Indian preference, NC driver's license, HS diploma, college degree/transcript, licensures, etc.)**

RESUMES WILL NOT BE ACCEPTED IN LIEU OF THIS APPLICATION AND REFERENCE TO AN ATTACHED RESUME IN LIEU OF COMPLETING THE ANSWER SPACE PROVIDED WILL CONSTITUTE AN INCOMPLETE ENTRY. Failure to answer all questions or provide required signatures/notarization will result in application classified as INCOMPLETE.

NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

MAILING ADDRESS: _____
(STREET NUMBER/P.O. BOX) (CITY) (STATE) (ZIP)

PHONE #_____ SS#_____

LIST THE NAMES OF ANY IMMEDIATE FAMILY MEMBERS OR PERSONS WITH WHOM YOU HAVE A CLOSE PERSONAL RELATIONSHIP (such as a live-in companion, a cousin raised as your sibling, etc.) WHO ARE CURRENTLY WORKING IN THE PROGRAM WHEREIN THE CURRENT VACANCY EXISTS?

_____

Are you a U.S. Citizen? Yes:_____ No:_____ If No, do you possess an Alien Registration Card? Yes:_____ No:_____ If Yes, number:_____

Are you claiming Indian Preference? Yes: ____ **No:____**
If yes, are you claiming for yourself? ____ or your spouse?_____
If Yes, what Tribe:_____ Enrollment Number:_____

NOTE: If claiming Indian Preference you must submit an Indian Preference form or a copy of your spouse's enrollment document (plus proof of marriage) or minor children's enrollment document with the submitted application.****

Have you ever filed an application here before? Yes: _____ No:_____

Were you selected for employment? Yes:_____ No:_____ If Yes, why did you leave employment with EBCI? __ _____

Have you ever worked for an Indian Tribe or lived within the boundaries of Tribal Land? Yes: __ ___ No:_____ If the answer is yes to either, describe your employment, as well as the name and location of the tribe(s) for which you worked or lived.

_____

_____

List all states and counties within those states, counties and Indian reservations in which you have resides during your lifetime since you were eighteen (18) years of age.

_____

_____

Are you available to travel upon request? Yes:_____ No:_____

If hired, on what date will you be available to start work? _____

Will you work overtime if asked? Yes:_____ No:_____

Do you have a valid N.C. Drivers License? Yes:_____ No:_____

Do you have a valid Drivers License in another state? Yes:_____ No:_____

What state: _____

Do you have a valid N.C. Commercial Drivers License? Yes:_____ No:_____

NOTE: You must submit a copy of your NC Drivers License/CDL.

Have you ever been convicted of a misdemeanor or a felony, including minor traffic

violations? Yes:_____ No:_____(If answering "Yes" to this question provide descriptions of the arrest or charge, the date of arrest or charge, and the final disposition of the charge.

If yes, please provide a description of the offense, the date of conviction, and the name and location of the court.

_____

_____

Have you ever been arrested or charged with a crime involving a child?
Yes:_____ No:_____

If yes, please provide a description of the arrest or charge, the date of the arrest or charge, and the final disposition of the case.

_____

_____

Can you perform the specific job functions listed in the position description?
Yes: _____ No:_____

If No, Explain:

_____

_____

Are you a veteran? Yes_____ No:_____ If Yes, must provide a copy of DD-214:

Check what applies to you:

_____ Served on active (full-time) duty and discharges under honorable conditions.

_____ Recently separated veteran (within the past twelve months)

_____ Disabled veteran (entitled to disability payments under VA or released from active duty
because of service connected disability)

_____ Vietnam-era veteran (any part of your service was between 08/05/64 to 05/17/75)

NOTE: You must provide a valid copy of the DD-214/evidence of an honorable discharge to receive veterans preference.

WORK HISTORY:

List past employers for the last ten (10) years starting with the most recent employer first. List work history greater than 10 years if related experience falls outside 10 year period.(Please **use a separate page** if space provided is not adequate plus add your name to each page).

_____

(Employer) (Address) (Phone No.)

Dates employed from: _____ to _____
Job Title:_____
Duties:

_____

_____

Hourly Wage:$_____ Hours per week:_____ Total Earnings:_____
Reason for leaving:

_____

_____

****

_____

(Employer) (Address) (Phone No.)

Dates employed from:_____ to _____
Job Title:_____
Duties:

_____

_____

Hourly Wage:_____ Hours per week:_____ Total Earnings:_____
Reason for leaving:

_____

_____

****

_____

(Employer) (Address) (Phone No.)

Dates employed from: _____ to _____
Job Title: _____
Duties:_____

_____

Hourly Wage:_____ Hours per week:_____ Total Earnings:_____

Reason for leaving:

EDUCATION:

	High School/GED	College	Graduate
Years completed:	10 11 12	1 2 3 4	1 2 3 4 5 6

School Name:_____

School Address: _____

School Phone Number:_____

Date of Graduation/Degree/GED: _____
_____

Diploma/Degree Received: _____

Credential/Certification Received:_____
Describe course of study: _____

Describe specialized training, apprenticeship skills, and extracurricular activities:
_____
_____

Describe the particular knowledge, skills, or abilities you have which will enable you to meet the requirements of the position you are applying for.
_____
_____
_____
_____

State any additional information that relates to the position for which you are applying, and may be helpful to us in considering your application.
_____
_____
_____

NOTE: If you are claiming high school diploma, GED, higher education, licensures, certifications, etc. you must submit verification documentation for each credential/qualification you claim. Attach copies of letters of recommendation, certifications, etc. which may assist in validating your qualifications

REFERENCES: (former supervisors preferred)

_____
(Name) (Address) (Phone No.)

_____
(Name) (Address) (Phone No.)

_____
(Name) (Address) (Phone No.)

This information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that I will not be considered a regular employee until I have satisfactorily completed
the required 90 day evaluation period.

I also understand that acceptance of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand that there is a Tribal Drug Policy and I will be subject to drug pre-testing upon my employment.

_____ _____
(Date) (Signature Required)

Tribal Employment Department
P.O. Box 553
Cherokee, NC 28719

AUTHORIZATION TO RELEASE INFORMATION

I,_____ am an applicant for employment with the Eastern Band of Cherokee Indians. In order to process my application, certain information must be made available to the Employment Manager or designee of the Eastern Band of Cherokee Indians. This information is for my benefit. I hereby authorize, request and direct educational institutions, my references, my employers (past and present), financial institutions and doctors, any other person, institution or organization, and all governmental agencies and instrumentalities (local, federal, state, or foreign) wherever such individuals or organizations are situated, to release any document, information record, or file that he deems material to the processing of my application for employment. Said information can be furnished if the request thereof is made in person or writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information records to the Employment Manager or designee and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all illegal communication privileges that I could claim.

Further, I appoint the Employment Manager or his representative as my agent and attorney in fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information and be permitted to make copies thereof at his/her discretion. This request can be treated as if I were making a request in person.
Date_____ Signature_____

Affidavit of _____
I,_____, being duly sworn, depose and say the following:
I am the person who executed the above authorization. I understand it's meaning intention and effect; and that the statements therein are true and correct.

Date of Birth_____ Social Security Number_____
Signature_____

Sworn to and subscribed before this _____ day of _____, 20_____
Notary_____

My Commission Expires_____

NOTE: If this page is not signed, dated and notarized application will be considered incomplete.*

Article V SELECTION, APPOINTMENT, AND SEPARATION

5.02 Disqualification of Applicants

Reasons for disqualification of an applicant from employment consideration by the Human Resource Office may include, but are not limited to, one or more of the following:

- Lacks the minimum qualifications established for the position;
- Is unable to perform the duties of the position as demonstrated through reference and other background reviews;
- Has been convicted of a crime which raises serious doubt as to the suitability of the applicant to assume the responsibilities of the position;
- Has made false statement of material fact in the application;
- Has used or attempted to use bribery to secure an advantage in the appointment;
- Has failed to submit a completed application or has failed to meet the established time limits; or
- Has refused to take a pre-employment drug test or failed to pass said test.

Has an adverse employment or other record or history, as determined by EBCI through a pre-employment background investigation.

Has a conflict as outlined in Sections 4.02 or 4.03

NOTICE OF MANDATORY CRIMINAL HISTORY CHECKS

Federal law requires that a criminal history check be conducted on all individuals whose duties and responsibilities would allow them regular contact with or control over children. The Eastern Band of Cherokee Indians (EBCI) and affiliated entities (i.e., covered employers) also require that criminal history checks be conducted on all volunteers who will have regular contact with or control over children.

Covered employers will employ and allow as volunteers only individuals who meet the standards of character required for an individual's fitness to have responsibility for the safety and well being of children as outlined in the Cherokee Code.

Your initials will indicate that you have been notified of the mandatory criminal records check as a condition of you employment in positions that require regular contact with children. You have a right to obtain a copy of the criminal history report that will be made available to the covered employer and the right to challenge the accuracy and completeness of the information contained in the report.

Covered employers may also require background checks for any other employee or applicant it deems appropriate.

_____(**Initials)**

I authorize the Eastern Band of Cherokee Indians to perform a criminal history check in connection with my fitness to be an employee or volunteer for EBCI. I understand that EBCI shall not be held legally accountable in any way for providing my identifying information to any consumer credit agency, Federal Bureau of Investigation, state, local or tribal entities. I release EBCI from any and all liability which may be incurred as a result of furnishing such information.

I authorize the release of any information, record, file or document requested by the EBCI from any and all private or public institutions, organizations, and governmental agencies. All information may be furnished as if the request is made by me in person or in writing.

I certify that to the best of my knowledge and belief all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that a false or fraudulent answer to any question on any part of this application may be grounds for not hiring me, or for firing me after I begin work, and may be punishable under the federal perjury laws by fine or imprisonment according to the United States Code, Title 18, Section 1001.

_____ _____

Signature of Employee/Applicant/Volunteer **Date**

TRIBAL DRUG AND ALCOHOL POLICY

Recognizing the need to protect Tribal employees and the public from the risks posed by the abuse of alcohol and drugs, the Tribe has established certain requirements of its employees and applicants for employment. A copy of the Tribe's Drug and Alcohol Policy as found in Article IX of the Tribal Personnel Policy is attached as part of this application.

The specific goals of the Tribal Drug and Alcohol Policy are to educate employees about the dangers and problems associated with substance abuse; facilitate the prevention of substance abuse, identify any employees who may be engaging in substance abuse and identify the substance(s), provide opportunities for counseling and treatment of employees abusing drugs and/or alcohol, protect the public and coworkers from those employees abusing drugs or alcohol and develop a drug free workplace and community.

The policy includes pre-employment drug testing of all applicants for employment. Once hired, random drug testing, post-accident testing and testing based on reasonable suspicion is a condition of continued employment.

****

I have read the drug policy contained in Article IX of the Tribal Personnel Policy and understand it. I understand that applicants and employee testing is required by the policy. Should I become an employee of EBCI, I agree to comply with the rules and regulations as described in the policy, I consent to drug and alcohol testing as outlined in the policy, and understand that failure to abide by the requirements of the policy may lead to disciplinary action being taken against me, which may include termination.

I hereby consent to the taking of my hair and/ or urine samples and to the testing of such samples by a drug-testing laboratory designated by EBCI. I hereby further consent to the release of the drug/ alcohol test results from the laboratory to a designated EBCI agent. I release and discharge EBCI, its officers and agents, from any claim or liability arising from the use of such tests for any decisions concerning employment made by EBCI based, in whole or in part, upon the result of such test.

_____ _____

Date **Signature of Applicant**

APPLICANT DATA RECORD

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Data Record.

This data will be kept in a **confidential file** separate from the Application for Employment.

Position applied for: _____

Referral source: _____Advertisement _____Friend _____Relative
_____Other _____Employment Agency

Name:_____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street Number/P.O. Box) (City) (State) (Zip)

Government agencies require reports on the sex, ethnicity, handicapped and veteran status of applicants for EEOC, Affirmative Action, specific external resource compliance, etc.

Check one: _____Male _____Female

Check one of the following Race/Ethnic Groups:

_____White _____Black _____Hispanic
_____ American Indian/Alaskan Native
_____Asian/Pacific Islander

Check if any of the following are applicable:

____Vietnam Era Veteran ____Disabled Veteran ____Disabled

Eastern Band of Cherokee Indians
Authorization to Request Motor Vehicle Record

Federal and State laws provide individuals with privacy rights with respect to personal information contained in their motor vehicle record. Disclosure of your motor vehicle record is permitted under specified circumstances. Two of those circumstances are (1) upon written consent of the driver; and (2) for use by any insurer or insurance support organization (such as Tribal Nation), or its agents, employees, or contractors, in connection with claim investigation activities and insurance coverage.

The Eastern Band of Cherokee Indians has asked CastleBranch Inc. to secure Motor Vehicle Record Checks, on all employees driving a Tribal or GSA leased vehicle. CastleBranch Inc. will obtain a copy of your motor vehicle record from the State of North Carolina Department of Motor Vehicles.

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

The undersigned gives his/her consent to the release of his/her driving record for use by the EBCI and CastleBranch Inc., its agents, employees, contractors, and support organizations required to provide your driving record to verify your ability to drive a Tribal or GSA leased vehicle in accordance with the EBCI Fleet Policy.

(Print full name as it appears on your driver's license)

Print Drivers Last Name: _____First_____Middle_____Suffix_____

Other Names/Maiden/Alias_____

Address_____

City _____State _____Zip Code_____

Phone No. (Work) _____Phone No. (Cell)_____Email_____

Date of Birth_____ (Month/Day/Year)

Driver's License Number: _____State of Issuance: _____

Signature of Driver_____Date:_____

FOR OFFICE USE ONLY

Employee's Division_____ Department _____Job Title_____