



CAHTO TRIBE
LAYTONVILLE RANCHERIA
 P.O. Box 1239 · Laytonville, CA 95454
 (707)984-6197

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____ Social Security Number: _____ Driver's License #: _____

Name: _____ D.O.B.: _____
 Last First Middle Initial Maiden

Mailing Address: _____
 P.O. Box City State Zip

Street Address: _____

Phone Number: _____ Message Number: _____

Referred by: _____

EMPLOYMENT DESIRED

Position Applied for: _____

Circle one of the following: Permanent Part Time Work Pool Date you can start? _____

Desired Salary? _____ Are you employed now? ___ Yes ___ No

May we inquire your present employer? ___ Yes ___ No

EDUCATION

	Name & Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied & Degrees Received
Grammar School	_____ _____		___ Yes ___ No	_____ _____
High School	_____ _____	1 2 3 4	___ Yes ___ No	_____ _____
College	_____ _____	1 2 3 4	___ Yes ___ No	_____ _____
Trade, Business, or Correspondence School	_____ _____	1 2 3 4	___ Yes ___ No	_____ _____

EDUCATION (continued)

List any other subjects of special studies or research work: _____

List any other job related skills: _____

GENERAL

Have you ever been convicted of a felony or misdemeanor? If yes, please explain why: _____

FORMER EMPLOYER

Date Month & Year	Name & Address of Employer	Position	Beginning & Ending Salary	Reason for Leaving
To: _____ From: _____	_____	_____	_____	_____
To: _____ From: _____	_____	_____	_____	_____
To: _____ From: _____	_____	_____	_____	_____

REFERENCES List below three (3) persons not related to you that you have known at least one (1) year.

Name	Address	Phone	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

If you are hired by the Cahto Tribe you will be required to attest to your identity and employment eligibility, and to present documents confirming your identification and eligibility. You cannot be hired if you cannot comply with the requirements.

**CAHTO TRIBE
DRUG & ALCOHOL TESTING
EMPLOYEE CONSENT & RELEASE FORM**

I, _____, do hereby give my consent to the Uni-Lab Laboratories and its testing laboratory to perform test and examinations on a sample of my urine to identify the presence of illegal drugs and alcohol.

I understand that my refusal to sign this consent form without qualification, or refusal to give samples, will result in disqualification from further consideration for employment.

I further give my consent to the testing facility to release the results of the test and examinations to the Human Resources Department Manager, Tribal Administrator, and/or the Tribal Executive Committee in a confidential folder.

I understand and agree that:

1. A “positive” test result will disqualify me from further consideration for employment at this time.
2. By my signature below, I confirm that I have read this consent form and that I voluntarily give my consent and agreement as stated in this form.

Signature of Applicant

Date

Witness

Date