

CEDCO

OWNED & OPERATED BY THE COQUILLE INDIAN TRIBE

3201 Tremont Avenue • North Bend, Oregon • 97459 Phone: (541) 756-0662 • FAX: (541) 756-0675

APPLICATION FOR EMPLOYMENT

We appreciate your interest in employment with CEDCO. Please complete all information. Include any additional information on a separate sheet of paper. CEDCO is an Equal Opportunity Employer; we do not discriminate on the basis of age, race, creed, color, sex, religion, disability, marital status, sexual orientation, veteran, or other protected status. Native American preference is given within this organization.

PERSONAL DATA (Please Print)

Name: _____ Date: _____
Last Name First Middle

Address: _____
Number Street City State Zip Code

Telephone No.: (_____) _____ Social Security No. _____
Area Code

Do you have documentation showing that you are eligible to work in the U. S.? YES NO

Are you a Native American? NO Coquille Tribal Member Coquille Tribal Member Spouse Other Native American

Do you have any relatives employed at CEDCO or a related entity? YES NO

If YES, give name, relationship, and entity. _____

EMPLOYMENT INTERESTS

Position applying for: _____ Full-Time Part-Time Temporary

Salary Requirements: _____ Per Hour Year Date Available: _____

Have you ever worked at this company or related entity? YES NO

Entity: _____ Position: _____ Employment Dates: _____

How did you hear about job vacancies? _____ Referred By: _____
(If applicable)

EDUCATION

NAME OF SCHOOL ATTENDED	CITY, STATE	GRADUATED?	DEGREE	AREA OF CONCENTRATION	SPECIAL SKILLS
High School:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
College/Technical School:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Certificate/License:		<input type="checkbox"/> YES <input type="checkbox"/> NO			

Are you in school now? YES NO

If YES, give the name of the school, area of concentration, and percentage completed. _____

Do you plan to continue your education? YES NO

BACKGROUND INFORMATION

Have you ever been convicted of a crime other than a minor traffic violation? YES NO

If YES, please include date, circumstances, and whether it was a misdemeanor or felony. _____

Have you ever served in the Armed Forces? YES NO

PROFESSIONAL REFERENCES			
PLEASE LIST THREE PROFESSIONAL REFERENCES. (References will be checked.)			
NAME	YEARS KNOWN	ADDRESS	TELEPHONE

EMPLOYMENT HISTORY				
(PLEASE DO NOT REFERENCE RESUME) PLEASE SHOW PRESENT AND PAST EMPLOYMENT INCLUDING ANY RELEVANT VOLUNTEER OR PART-TIME EMPLOYMENT BEGINNING WITH THE MOST RECENT.				
Employer:	Telephone:	<u>Dates Employed</u> From _____ To _____		Job Responsibilities:
Address:		Salary <input type="checkbox"/> Hrly <input type="checkbox"/> Wkly <input type="checkbox"/> Mnthly <input type="checkbox"/> Yrly		
Job Title:		<u>Starting</u>	<u>Final</u>	Reason for Leaving:
Supervisor's Name & Title:		\$ _____	\$ _____	
Employer:	Telephone:	<u>Dates Employed</u> From _____ To _____		Job Responsibilities:
Address:		Salary <input type="checkbox"/> Hrly <input type="checkbox"/> Wkly <input type="checkbox"/> Mnthly <input type="checkbox"/> Yrly		
Job Title:		<u>Starting</u>	<u>Final</u>	Reason for Leaving:
Supervisor's Name & Title:		\$ _____	\$ _____	
Employer:	Telephone:	<u>Dates Employed</u> From _____ To _____		Job Responsibilities:
Address:		Salary <input type="checkbox"/> Hrly <input type="checkbox"/> Wkly <input type="checkbox"/> Mnthly <input type="checkbox"/> Yrly		
Job Title:		<u>Starting</u>	<u>Starting</u>	Reason for Leaving:
Supervisor's Name & Title:		\$ _____	\$ _____	
Employer:	Telephone:	<u>Dates Employed</u> From _____ To _____		Job Responsibilities:
Address:		Salary <input type="checkbox"/> Hrly <input type="checkbox"/> Wkly <input type="checkbox"/> Mnthly <input type="checkbox"/> Yrly		
Job Title:		<u>Starting</u>	<u>Starting</u>	Reason for Leaving:
Supervisor's Name & Title:		\$ _____	\$ _____	

APPLICANT'S STATEMENT	
Is this a complete representation of all the jobs you have had during the past five years? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If NO, please attach a list of all other employment during this period and include company name, address, dates, salary, and position.	
CERTIFICATE OF APPLICANT (PLEASE READ CAREFULLY)	
I attest and certify that the information contained on this application is complete and accurate to the best of my knowledge. If I become employed with CEDCO, I understand that my misrepresentation of information provided on this application is cause for termination of employment and that CEDCO retains the right to terminate an employee on these grounds. All candidates must pass drug screen testing and security clearance as a condition of employment. I understand further that as a part of the application process, CEDCO intends to contact my prior employers to obtain information regarding my work-related performance and conduct. I authorize my prior employers (and their agents) to provide this information to CEDCO and I agree to hold them harmless and release them from any claims for providing this information to CEDCO.	
APPLICANT'S SIGNATURE _____	DATE _____