



Coquille Indian Housing Authority

2678 Mexeye Loop • Coos Bay, OR 97420
Phone: (541) 888-6501 • Fax: (541) 888-8266

REQUESTED INFORMATION
FOR THOSE INTERESTED IN BEING CONSIDERED FOR THE
CIHA BOARD OF COMMISSIONERS
(Please Print or Type Clearly in Ink)

GENERAL INFORMATION

Name: _____ Date: _____
Last First Middle

Present Address: _____
Street City State Zip

Mailing Address (If different from present address): _____

Telephone Number: _____ Message Phone: _____

E-Mail: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Employer Address: _____
Street City State Zip

Tribal Affiliation? Yes No Tribe: _____ Enrollment Number: _____

If selected, can you provide proof that you are authorized to work in the United States? Yes No

Current or former employee of the Coquille Indian Tribe or its entities? Yes No

If yes, name of entity and employment dates: _____

Current or former CIHA program participant or Kilkich resident? Yes No

If yes, dates of participation and/or residency: _____

Have you ever been convicted of a felony? Yes No

If yes, list felony, location, and date: _____

Have you ever been arrested or convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution, or any crime against persons? Yes No

If yes, please describe the situation, including the disposition of the charge, date, location, and conviction(s).

Attach additional pages if necessary. _____

EDUCATION / QUALIFICATIONS

Circle Last Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 5 6 Technical/Business: 1 2 3 4

Full Name and Location of School(s)		Course of Study	Did you graduate?	List Diploma or Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please write a brief statement describing why you wish to serve as a Commissioner and your experience, skills, and abilities that you feel are relevant to this position. Attach additional pages if necessary.

REFERENCES

Please give the name, address, and telephone number of three (3) personal references.

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

THIS CERTIFICATION MUST BE SIGNED IN ORDER FOR YOU TO BE CONSIDERED.

PLEASE READ CAREFULLY BEFORE YOU SIGN.

I certify that, to the best of my knowledge, all of my statements are true, correct, complete, and made in good faith. I understand any false statement on this application may result in my not being appointed or in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the Tribe or CIHA in any way if the Tribe decides to appoint me. I consent to the release of information concerning my personal history that I have listed on this application. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I release any person, firm, or institution from all liability from any damage for issuing such information.

Signature of Interested Party: _____

Date: _____