



Fort Bidwell Indian Community Council
 130 MeeTheeUh Rd/P.O. Box 129, Fort Bidwell, California 96112
 Phone (530) 537-0109 Fax (530) 537-0108
 Email: admin@fbicc.com

EDUCATION HISTORY

	Name and Address of School <small>(Please provide copy of certifications/diplomas)</small>	Courses/Certifications Completed	Completion Date
High School			
College			
Other			

Special Skills:

Experience: _____

Work Ethics: _____

Computer Experience:



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REFERENCES

(If applying for your first job, you may use academic references)

-Name: _____ Occupation: _____

Address: _____
PO Box/ Street City State Zip Code

Phone: _____ Email: _____

Relationship to you: _____ Years Known: _____

-Name: _____ Occupation: _____

Address: _____
PO Box/ Street City State Zip Code

Phone: _____ Email: _____

Relationship to you: _____ Years Known: _____

-Name: _____ Occupation: _____

Address: _____
PO Box/ Street City State Zip Code

Phone: _____ Email: _____

Relationship to you: _____ Years Known: _____

-Name: _____ Occupation: _____

Address: _____
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Phone: _____ Email: _____

Relationship to you: _____ Years Known: _____

INDIAN PREFERENCE

Are you claiming Indian Preference? YES/NO

If yes, you are required to submit the appropriate documentation: Tribal Certification of Degree of Indian Blood or a letter on tribal letterhead stating tribal affiliation. If you cannot provide proof of enrollment, please submit FORM BIA -4432: Verification of Indian Preference for Employment.



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Check List of Completion

- | | |
|------------------------------------|---|
| _____ Employment Application. | _____ Attached diplomas, transcripts, licenses, and certifications. |
| _____ Proof of Tribal Affiliation. | _____ Proof of Employment Eligibility (2 forms of I.D). |

Failure to provide the required documentation may prevent consideration of your application for the position.

APPLICANT STATEMENT

* * * * PLEASE READ CAREFULLY BEFORE SIGNING * * * *

APPLICANT STATEMENT - I affirm and certify that all the information and answers to questions herein are complete, true, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for termination, whenever discovered. I authorize the companies to conduct any investigation it deems appropriate concerning my application. I hereby authorize and request former employers, personal references, schools, government agencies, health care providers, and all other persons and organizations to disclose credit, criminal record (background checks), employment, and any other information that may be sought in connection with this application. I hereby release all the above mentioned from all liability in connection with those disclosures. I further authorize the companies to disclose to others any information it may have concerning my employment, character, and qualifications, including information gained from this application and the investigation of this application. I herein release the companies from all liability in connection with those disclosures. As a condition of my hiring and continued employment, I agree to submit to examinations (including blood, urine, and/or breath test), at the company's expense, by the person designated by the company, whenever the company requests or at any time during my employment. I promise and pledge that I will not steal or take from the companies or its employees. I understand and agree that any employment that may result from this application will be for no definite period or duration is at the will of the companies, and may be terminated at any time, without notice or cause. This type of employment is considered to be "employment at will" for the purposes of this agreement. If employed, I agree to acquaint myself with and to abide by all rules, regulations, policies, and procedures of the companies. I acknowledge and agree that the companies have the absolute unfettered right to change its rules, regulations, instructions, policies, procedures, practices, benefits or compensation arrangements unilaterally, at any time, without prior notice. I understand and agree that no person, except a managing partner or managing officer of the company has the authority to bind the company or enter into an agreement with me regarding the duration of employment or any terms of my employment. I further agree that no such agreement will be enforceable unless in writing and signed by the Tribal Council of Fort Bidwell Indian Community Council.

_____ I have read the above statements, I understand them, and I agree to them. I understand that I am being employed at the employers will and may be dismissed at any time without any notice, cause or reason. I understand and agree that all these terms are reasonable, fair, and acceptable to me. I have not been coerced, threatened, or intimidated into signing this statement; instead, it is of my own free will.

Print Name: _____ Date: _____

Applicant Signature: _____ Date: _____

How to submit your application Mail to: PO Box 129 Fort Bidwell CA 96112 or Email to: admin@fbicc.com