



**APPLICATION FOR EMPLOYMENT**  
**Paschal Sherman Indian School**  
**(Please Print All Information)**

**NOTICE:** Incomplete applications will not be processed. Applicant is responsible to submit a completed and signed application to Administration on or before closing date as well as any required attachments. The Job Application alone does not determine if an applicant meets the minimum qualifications of a job. The interview process will determine if you successfully demonstrate the knowledge, skills or ability to Meet the minimum qualifications. Please make sure your application is complete and relevant to the Job you are applying for. Applications will be kept on file for 3 months.

Personal Data			
Last Name	First Name	M.I.	Other Names/Alias Used
Mailing Address: Street/PO Box		City	State Zip Code
E-Mail Address (optional)		Telephone Number (Required)	
		Home:	
		Message:	

Employment Data		
Position Applying For:	Job Number:	Department:

Are you claiming Indian preference? **ENROLLMENT NUMBER - *Valid proof of preference required***

1. <input type="checkbox"/> CCT Member _____	4. <input type="checkbox"/> Other Tribe _____
2. <input type="checkbox"/> CCT Descendent _____	5. <input type="checkbox"/> Non-Indian _____
3. <input type="checkbox"/> CCT Spouse _____	

VETERAN'S PREFERENCE? (For CCT positions only)	Branch of Service	Service Dates	Honorably Discharged?
<input type="checkbox"/> - Yes <input type="checkbox"/> - No		From:      To:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Education Background**

List last high school attended. Beginning with the recent – list all colleges, vocational, and military service schools attended. **\*Please attach proof of certification from an accredited college for educational verification & educational consideration \***

Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Name	Telephone Number
Name & Location of School	Graduate: Yes or No	Major Course
College/University		
College/University		
Vocational/Technical School		
Vocational/Technical School		

Specialized Skills/Training	List any specialized skills that you possess that will enhance your abilities to perform in the following:		
	Skills/Experience	Training	Certificates/Licenses
Accounting			
Computer (IT)			
Counseling			
Culinary			
Child/ Early Childhood Development			
Clerical (Typing/Filing/Phone/Office Equip)			
Computer (I/T)			
Counseling			
Culinary			
Maintenance			
Security			
Custodial			

**Personal References**

Reference (First, Middle, Last Name)      Phone Number (Area Code, Phone Number)

Address (Street, City, State, Zip)

Reference (First Middle, Last Name)      Phone Number (Area Code, Phone Number)

Address (Street, City, State, Zip)

Reference (First, Middle, Last Name)      Phone Number (Area Code, Phone Number)

Address (Street, City, State, Zip)

### Work Experience

List most recent first. Lists only work history relevant to qualifications required for position applying for.  
Do not leave any blank areas to avoid disqualification.

Employer Name		Address		Phone:
				( )
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:	
Supervisor Name & Title:	Start Wage	End Wage	Eligible For Rehire? [ ] - YES [ ] - NO	
	\$	\$		
Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.				

Employer Name		Address		Phone:
				( )
Job Title: (Print)	Start Date:	End Date:	Reason For Leaving:	
Supervisor Name & Title:	Start Wage	End Wage	Eligible For Rehire? [ ] - YES [ ] - NO	
	\$	\$		
Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.				

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				( )
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Supervisor Name & Title:	Start Wage	End Wage	Eligible For Rehire? [ ] - YES [ ] - NO	
	\$	\$		
Provide a detailed description of the duties you performed, equipment operated, special skills gained, etc. Use the back of this page if more space is required.				

Type	License #	State	Issued	Expires
Driver's License				
CDL				
Flagger's Card				

**Do you have any of the following Licenses/Permits?**

Gaming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bartender	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
Food Handler	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
Legal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	<input type="checkbox"/> - Yes <input type="checkbox"/> - No

Have You Ever Had A License/Bond/Permit Listed Above Revoked or Suspended?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
If YES, Explain:	
Are you bondable?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO

<b>Criminal History</b>	
Have You Ever Been <b>Convicted</b> of a Felony or Misdemeanor?	<input type="checkbox"/> - YES <input type="checkbox"/> - NO
You may be required to disclose the details of a "yes" response. Do you agree to provide this information as a condition of consideration for hire?	
<input type="checkbox"/> - YES <input type="checkbox"/> - NO	

**Employee Statement of Accuracy and Authorization To Obtain Background Information**

I certify that all of the information given in this application is true, accurate, and complete. I understand any false or misleading information, or incomplete information on this application may result in my not being hired, or my immediate dismissal if I have been hired based upon any false or misleading information that I provided in this application.

I give my consent to Paschal Sherman Indian School to conduct an investigation into my employment/work history and any pertinent information concerning my employment, criminal, financial and credit histories.

This is my authorization for any of my previous employers to release my employment history with them, including, but not limited to, my performance level, attendance, and disciplinary records. I will hold harmless any previous employer for releasing this information.

<b>Applicant's Signature Affirming Above Statement</b>				<b>Today's Date</b>	
<b>Last Name (Print)</b>	<b>First Name</b>	<b>MI</b>	<b>Maiden Name</b>	<b>Are you 18 or older?</b>	
				<input type="checkbox"/> - Yes <input type="checkbox"/> - No	

For Official Use Only	Topic Requiring Verification	Comments:
	Credit Background Check Verified	
	Criminal Background Clearance Verified	
	Driver's License Verification	
	Drug Test Results Verified	
	Employment History Verified	
	Indian Preference Verified	
	License/Certification Verified	
	Veteran's Preference Verified	
	Education Verified	
	Eligible for Hire <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Other:	



# Confederated Tribes of the Colville Reservation

CRIMINAL HISTORY &  
BACKGROUND INQUIRY

1. NAME OF PERSON BEING CLEARED

**SECTION 1**

2. NAME AND ADDRESS OF PASCHAL SHERMAN INDIAN SCHOOL STAFF TO WHOM THE INFORMATION SHOULD BE RETURNED

**Paschal Sherman Indian School  
Attn: Mildred Erb, Admin. Assist.  
169 North End Omak Lake Road  
Omak, Washington 98841**

**SECTION 2**

3. NAME OF FACILITY WHERE CARE IS PROVIDED

*Paschal Sherman Indian School*

4. NAME: LAST FIRST MIDDLE

5. ALIAS / MAIDEN NAME LAST FIRST MIDDLE

6. PRESENT ADDRESS: STREET CITY STATE ZIP

7. DRIVER'S LICENSE NUMBER (WDL)

8. SEX

9. DATE OF BIRTH

SOCIAL SECURITY NUMBER

**SECTION 3 COMPLETED BY STAFF ASSISTANT**

10. As an authorized representative of the P.S. I. S., I request that a background inquiry be conducted on the person named in section 2

Signature

Date

**Mildred Erb, Admin. Assist.**

**SECTION 4 COMPLETED BY PERSON BEING CLEARED**

HAVE YOU:

	YES	NO
1. BEEN CONVICTED OF ANY CRIM OR IS THERE A CRIMINAL CHARGE PENDING AGAINST YOU?	[ ]	[ ]
2. BEEN RELEASED FROM PRISON IN THE LAST SEVEN (7) YEARS?	[ ]	[ ]
3. HAD YOUR NAME PLACED ON A REGISTRY OF CHILD/ADULT ABUSE IN THIS OR ANY STATE?	[ ]	[ ]
4. BEEN FOUND TO HAVE SEXUALLY ABUSED OR EXPLOITED OR PHYSICALLY ABUSED ANY CHILD?	[ ]	[ ]
5. BEEN DENIED A LICENSE TO CARE FOR CHILDREN?	[ ]	[ ]
6. HAD A LICENSE TO CARE FOR CHILDREN SUSPENDED OR REVOKED?	[ ]	[ ]

I HEREBY CERTIFY THAT TO MY KNOWLEDGE THE ABOVE INFORMATION AND REQUIRED ATTACHMENTS ARE TRUE AND CORRECT. I UNDERSTAND FRAUD OR UNTRUTHFUL ANSWERS TO ANY OF THESE QUESTIONS CAN SERVE AS THE BASIS FOR FIND ME UNSUITABLE.

SIGNATURE OF PERSON TO BE CLEARED

DATE