Tribal Police of
Burns Paiute Reservation
PO Box 505
Burns, OR 97720
(541) 573-2793

EMPLOYMENT APPLICATION

Burns Paiute Tribal Police Department

Directions: Print or type. Supply an answer to every question. If a question is not applicable to you, write N/A. If additional space is needed, use the bottom of page 4. This application will be used for investigation purposes. DO NOT mis-state or omit material facts since the statements made herein are are subject to verification to determine your qualifications for employment with this agency.

1. Position Applying for: _____ Date: _____

2. Full Name: _____ Date of Birth: _____

   For investigation purposes, indicate any other names you have gone under, now or in the past, which may or may not have been your legal name. _____

3. Mailing Address: _____ Phone # _____

4. Social Security No.: _____ Are you a U.S. Citizen? **Yes** **No**

5. Height _____ Weight _____ Eyes _____ Hair _____

   Distinguishing Marks? _____ Can you work weekends? _____

   Can you work evenings? _____ Nights? _____

6. Do you have a valid Oregon Driver's License? **Yes** **No** Have you ever been denied issuance of a license or have you ever had your license suspended or revoked? _____ If yes, explain.

   _____

   _____

   Because police work involves the use of GSA vehicles, we need to know if you are presently insured. **Yes** **No** Have you ever been refused auto insurance or ever had you auto insurance revoked or withdrawn? **Yes** **No** If yes, give details, reasons, names of companies and dates.

   _____

   _____

7. Have you ever seved in the Armed Forces? _____ Branch _____

   Date of Duty _____ Principal Duties _____

   Type of Discharge _____ Present Classification _____

   Are you presently a member of the U.S. Reserve or National Guard? _____

   If yes, complete the following: Organization, Station, or Unit and Location. _____

   _____

   Indicate reserve obligation, if any.

   Active _____ Inactive _____ Standby _____

8. Education record - if now in school, include present term.

Name and Location of High School	Date Left	Graduated Yes No

If not a high school graduate do you have a Certificate of Equivalency? Yes No Date:

Schools attended after high school or special training received.				Fields of Study or Titles of Special Courses		No. of Credits received Qtr. Hours	Certificates and/or Degrees, Etc. Earned
Name and Location	From Mo./Yr.	To Mo./Yr.	Part or Full Time	Major	Minor		

9. List any special training, license, certificates, machine skills, office equipment, languages, or other special skills you may have that are pertinent to the position for which you are applying.

_____

_____

10. Are you aware of any past/present medical problems such as high blood pressure, diabetes, back problems or mental which might interfere with police employment? Yes No If yes, explain

_____

_____

Do you use, or have you ever used any habit forming drugs, other than those prescribed by a physician? Yes No If yes, explain. _____

_____

11. Have you ever been convicted of a law violation by either a civilian or military authority? Yes No If yes, explain fully. Conviction does not necessarily disqualify you from employment. (Exclude minor traffic violations.) _____

_____

12. For investigation purposes, list in order given, showing relationship: Spouse, Parents, Guardians, Step Parents, Foster Parents.

Relationship Name (if living) Address

_____

_____

_____

13. Have you ever been discharged from employment? Yes No If yes, explain fully. _____

_____

_____

14. Employment History

Beginning with your present or most recent job, describe your work experience during the past **ten** years. In addition, list any other prior experience related to the duties of the position for which you are applying. Also include all non-paid or volunteer work which you have done.

Fill in the following in detail. Starting from present or last job.

Employing Firm	Address	From :
		To:
Job Title	Supervisor's Name	Full Time
		Part Time
Specific Duties:		Beginning Salary
		Ending Salary
Reason for leaving:		
If you are still working there may we contact your employer? Yes No		

Employing Firm	Address	From:
		To:
Job Title	Supervisor's Name	Full Time
		Part Time
Specific Duties		Beginning Salary
		Ending Salary
Reason for leaving:		

Employing Firm	Address	From:
		To:
Job Title	Supervisor's Name	Full Time
		Part Time
Specific Duties		Beginning Salary
		Ending Salary
Reason for Leaving		

Employing Firm	Address	From:
		To:
Job Title	Supervisor's Name	Full Time
		Part Time
Specific Duties		Beginning Salary
		Ending Salary
Reason for Leaving		

15. Residences: List all residences for the past ten (10) years, beginning with your present address.

From To (Mo. & Yr.) Street Address City State

_____

_____

_____

16. Health - To insure that you are not placed in a position which might be a hazard to you or others, a physical examination prior to appointment to a postion may be required. Final appointment for those positions will be contingent upon the physical examination.

I hearby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and behalf. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize this employer, _____, to make any necessary and appropriate investigations to verify the information herein, and release from all liability any persons, companies or corporations supplying information pertaining to me.

_____ _____

Signature of Applicant Date

Use this space for additional details or clarification:

BURNS PAIUTE TRIBE

100 PASIGO STREET
BURNS, OREGON 97720

AUTHORIZATION TO RELEASE CREDIT ,CHARACTER AND PERSONAL HISTORY INFORMATION

HAVING MADE APPLICATION WITH THE BURNS PAIUTE TRIBE, I HEREBY AUTHORIZE A COMPLETE INVESTIGATION INTO MY RECORD INCLUDING PERSONAL HISTORY, ACADEMIC RECORD, JOB PERFORMANCE, MILITARY PERSONNEL HISTORY, DRIVING RECORD, AND CRIMINAL ARRESTS AND CONVICTIONS. I AUTHORIZE THE BURNS PAIUTE TRIBAL POLICE, OR ANOTHER POLICE AGENCY AUTHORIZED TO CONDUCT APPLICANT INVESTIGATIONS, TO ASCERTAIN ANY AND ALL INFORMATION WHICH MAY CONCERN MY CREDIT AND CHARACTER, WHETHER SAME IS OF RECORD OR NOT, AND RELEASE THE BURNS PAIUTE TRIBE AND ALL PERSONS WHOMSOEVER FROM ANY CHARGE BECAUSE OF FURNISHING SAID INFORMATION. THE PURPOSE OF THE REQUESTED INFROMATION IS TO DETERMINE THE ELIGIBILITY OF INDIVIDUALS TO BE EMPLOYED BY THE BURNS PAIUTE TRIBE. I FURTHER ACKNOWLEDGE THAT I AM AWARE THE RESULTS OF THIS INVESTIGATION ARE CONFIDENTIAL FOR THE BURNS PAIUTE USE ONLY, AND WILL NOT BE DISCLOSED TO MYSELF OR ANY OTHER PERSON WITHOUT PROPER AUTHORIZATION.

NAME:_____ DATE OF BIRTH:_____

ANY OTHER NAME EVER USED:_____

DRIVERS LICENSE NUMER:_____ STATE OF LICENSE:_____

SOCIAL SECURITY NUMBER: (OPTIONAL)_____

APPLICANT SIGNATURE_____ DATE_____

PERSON CONDUCTING INVESTIGATION:_____

SIGNATURE_____ DATE_____