



## Karuk Tribe Summer Youth Employment Application Checklist

**All items must be included for application to be considered complete.**

- Completed and Signed Employment Application  
<https://www.karuk.us/index.php/jobs/employment> *If under the age of 18 your Parent/Legal Guardian must also sign the application next to your signature.*
- Resume, Cover Letter, Reference Letters, and any Certifications.** (While not required, it is good practice to include these with your application.)
- Proof of Tribal Enrollment** if claiming Tribal Preference.
- Proof of Age.**
- Signed Consent for Drug Screening. *If under the age of 18 your Parent/Legal Guardian must also sign the Consent AND accompany you to the Clinic if selected for employment and called in for testing.*
- Signed Emergency Medical/Dental Consent Form. *If under the age of 18 your Parent/Legal Guardian must also sign the Consent form.*
- Photo Release Form.**
- Valid Work Permit.** Applicants under the age of 18 and still attending school will be required to obtain a Valid Work Permit from their school prior to beginning employment. The application is included with this packet should you be selected for employment.
- Background Authorization Check Form.** Applicants ages 18 and 19 will be required to complete.
- Preference: What kind of work would you enjoy most?**
  - Indoor
  - Outdoor
- Community you would prefer to work in:**
  - Yreka
  - Happy Camp
  - Orleans
- Department you prefer to be placed in for work (check all that apply):**
  - Judicial
  - KTHA
  - DNR
  - KT Maintenance
  - TANF
  - Summer Food Program
  - TERO
  - Youth and Family Services
  - Emergency Operations Program
- T-Shirt Size:**
  - Small
  - Medium
  - Large
  - Extra Large
  - 2 XL
  - Other \_\_\_\_\_

**Karuk Community Health Clinic**

64236 Second Avenue  
 Post Office Box 316  
 Happy Camp, CA 96039  
 Phone: (530) 493-5257  
 Fax: (530) 493-5270

# Karuk Tribe

**Karuk Dental Clinic**

64236 Second Avenue  
 Post Office Box 1016  
 Happy Camp, CA 96039  
 Phone: (530) 493-2201  
 Fax: (530) 493-5364

**Administrative Office**

Phone: (530) 493-1600 • Fax: (530) 493-5322  
 64236 Second Avenue • Post Office Box 1016 • Happy Camp, CA 96039

**EMPLOYMENT APPLICATION**

|  |                             |   |                     |
|--|-----------------------------|---|---------------------|
| Position Applied For:<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal   |                             | Desired Rate of Pay:  |                     |
| Name (First, MI, Last):  |                             | List Any Other Names Used in the Past:  |                     |
| Address (Street, City, State ZIP):   |                             | How Long at this Address:<br>If less than 5 years include previous address:   |                     |
| Have you ever been employed by the Karuk Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, list date(s) of employment and position(s) held:   |                             | Social Security Number:   |                     |
| May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                             | If no, explain:   |                     |
| Do you claim Tribal Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are you married to a Karuk Tribal Member? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do you have a Karuk Member child under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No        |                             | Have you ever served in the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Do you claim Veteran's Preference? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b><i>If yes, attach a copy of your DD-214 demonstrating proof.</i></b> |                     |
| Tribe: _____ Roll Number: _____<br><b>**COPY OF ENROLLMENT DOCUMENTATION<br/>MUST BE ATTACHED TO RECEIVE PREFERENCE**</b>  |                             | Are you able to perform the essential functions of the position applied for either with or without a reasonable accommodation?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                     |
| <b>◆ EMPLOYMENT HISTORY:</b> <i>Begin with present position and work back at least five (5) years. The entire five (5) year period must be accounted for without breaks; for periods of unemployment or schooling, list dates and "unemployed" or "attending school". Attach additional sheets if necessary.</i> |                             |   |                     |
| ① Name and Address of Employer:  |                             | Phone Number and E-mail:  |                     |
| Start and End Date:  | Starting and Ending Salary: | Supervisor's Name:  | Reason for Leaving: |
| Position Held and Work Performed:  |                             |   |                     |
| ② Name and Address of Employer:  |                             | Phone Number and E-mail:  |                     |
| Start and End Date:  | Starting and Ending Salary: | Supervisor's Name:  | Reason for Leaving: |
| Position Held and Work Performed:  |                             |   |                     |
| ③ Name and Address of Employer:  |                             | Phone Number and E-mail:  |                     |
| Start and End Date:  | Starting and Ending Salary: | Supervisor's Name:  | Reason for Leaving: |
| Position Held and Work Performed:  |                             |   |                     |

**◆ EDUCATION:** *Include all colleges, universities, technical, and vocational schools attended.*

|   |                          |   |                       |
|---|--------------------------|---|-----------------------|
| Are you a high school graduate or have you received your GED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                          | Name and Location of School/Testing Site: |                       |
| <b>Type of School:</b>  | <b>Name and Address:</b> | <b>Coursework or Major:</b>               | <b>Degree Earned:</b> |
|   |                          |   |                       |
|   |                          |   |                       |
|   |                          |   |                       |

Please list special training, certificates, or other types of education you have that pertains to the job applied for:

**◆ OTHER INFORMATION:**

|   |  |
|---|--|
| Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No  | State and Number:  |
| Do you have a good driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| In the past 5 years, have you been convicted of DUI or had your license suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Are you currently on lay-off and subject to recall?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can you travel if the job requires it?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can you, after employment, submit verification of your legal right to work in the US?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List names of immediate family members (other than your spouse) working for us:   |  |
|   |  |

**◆ CRIMINAL BACKGROUND:** *For all questions, provide all additional information in the space provided or on a separate sheet. Except as required by law, conviction of a crime will not disqualify you from employment. Factors such as age at time of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered when making employment decisions.*

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime as an adult within the last 10 years? (Note: Do not include infractions, or convictions that have been annulled, erased, expunged, vacated, set aside, sealed by a court, or referred to a diversion program.)  
 Yes  No

If the answer is yes, describe the nature of the crime charged, the date of the conviction, the county and state or tribal reservation in which you were convicted and the disposition or outcome of the conviction in the space below.

**◆ REFERENCES:** *List three (3) people who know you well. They should be good friends, peers, roommates, etc. who have known you for at least the last five (5) years. Try not to list relatives or anyone who is listed elsewhere on this application (ex; Supervisors).*

|                                    |                        |                              |
|------------------------------------|------------------------|------------------------------|
| ① Name:                            | Dates Known (From-To): | Telephone Number and E-mail  |
| Address (Street, City, State ZIP): |                        | Type of Acquaintance:        |
| ② Name:                            | Dates Known (From-To): | Telephone Number and E-mail: |
| Address (Street, City, State ZIP): |                        | Type of Acquaintance:        |
| ③ Name:                            | Dates Known (From-To): | Telephone Number and E-mail: |
| Address (Street, City, State ZIP): |                        | Type of Acquaintance:        |

**◆ CERTIFICATIONS: Please read each item carefully and acknowledge your understanding by signing in the indicated location.**

**① Certification that my Answers are True:**

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work.

**② Authorization to Investigate:**

I authorize investigation of all statements contained on this application, and any attachments to it. I authorize the Tribe to secure information about my background experience with education institutions and any relevant agencies. I authorize those parties to provide information to the Tribe concerning my background and experience, and authorize a copy of this application to be provided to the TERO Department. I release the Tribe, and all parties providing information to the Tribe about my background and experience, from any and all liability whatsoever arising therefrom.

**③ Consent to Contact Past Employers:**

I give permission to the Tribe to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers, managers and/or supervisors to discuss my relevant personnel and employment history with the Tribe, consent to the release of such information orally or in writing, and hereby release them from any and all liability whatsoever arising therefrom and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the Tribe. To the fullest extent permitted by law, I further waive all rights I may have under applicable law to receive a copy of any written statement provided by any of my former employers to the Tribe. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

**④ Consent to Contact Government Agencies:**

I give permission to any agent, attorney or representative of the Tribe to receive a copy of any information contained in the file of any federal, tribal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and, to the fullest extent permitted by law, waive any right under applicable law concerning notification of the request for a release of such information. In the event an applicable law does not provide for prospective employers to have access to information, I hereby delegate the Tribe as my agent for receipt of information.

**⑤ Cooperation with Investigation:**

I agree to fully cooperate with the Tribe's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law. I give permission to the Tribe to verify my Indian heritage and verify any tribal enrollment information that I have provided.

**⑥ Falsification Statement:**

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or if discovered after an offer of employment, for immediate dismissal.

**⑦ Employment "At Will":**

In consideration of my employment, I agree to conform to the rules and regulations of the Tribe, and understand that my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either the Tribe or myself, except as otherwise provided by applicable law. Nothing in this application or in any oral or written statement provided to me by the Tribe will limit these rights to terminate my employment at will and no one will have any authority to change this at-will relationship, unless such change is authorized in writing by a duly authorized representative of the Tribe.

**⑧ Release:**

I release the Tribe, its officers, agents, directors, representatives, employees, attorneys and representatives from any and all claims, causes of action, judgments, liens, indebtedness, damages, obligations, losses, liabilities, or costs, which they may have, whether known or unknown, suspected or unsuspected, arising with this application for employment. I understand that this application is only valid for the position applied for at present and that the Tribe is not obligated to retain or consider this application for future openings. My signature below certifies that I understand that if I am extended an offer of employment by the Tribe, my employment is contingent upon satisfactory completion of a medical examination, including a drug test, and submission of proof that I have the credentials and/or licenses necessary for the position that I am offered. I also hereby subject myself to the jurisdiction of the Tribe and its governing system, including any enforcement or judicial proceedings or process that may be associated with the application for employment or any resulting employment relationship.

**I have read each item; I understand and agree to all terms.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

**◆ HOW DID YOU HEAR ABOUT THIS POSITION: Check all that apply.**

Word of Mouth  [www.karuk.us/jobs/](http://www.karuk.us/jobs/)  Bulletin Board (In Office Posting)  Newspaper:  Other:

**BACKGROUND AUTHORIZATION FORM**

**PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*\*PREVIOUS NAMES USED:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

Street Address (No P.O. Boxes)                                      City                                      State                                      Zip Code                                      County

**HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS?** \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_

Street Address (No P.O. Boxes)                                      City                                      State                                      Zip Code                                      County

**HOW LONG AT PREVIOUS ADDRESS?** \_\_\_\_\_

**\*\*DATE OF BIRTH:** \_\_\_ / \_\_\_ / \_\_\_ **DRIVER’S LICENSE NUMBER:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** \_\_\_ Yes \_\_\_ No

**HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WITHIN THE LAST 10 YEARS?** \_\_\_ Yes \_\_\_ No

**IF YES, PROVIDE EXPLANATION (Year, County, Offense):**

*\*\*THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT AN ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS A CRITERIA IN THE HIRING PROCESS.*

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, and employment history – may be made. If you are denied employment because of the consumer investigation, it is you’re right under the Fair Credit Reporting Act (Law 91-508) SS 606 to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I release **THE KARUK TRIBE and its ancillary organizations** and any other person and/or agencies from any damage and/or liable acts that may result from obtaining the above information.

The above information is used solely for employment verifications, credit inquiries, and criminal history checks. Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

**Karuk Tribe  
Summer Youth Employment  
Consent for Drug Screening**

I have applied for employment with the Karuk Tribe. I understand that Karuk Tribe tests job applicants for drug use. I understand that I do not have to submit to testing, but if I refuse to be tested, the Karuk Tribe will not consider me for possible employment. I understand that I must pass a drug test to be hired by the Karuk Tribe.

2. I agree to give my saliva, or urine if swab testing is unavailable, for testing. I consent to the specimen being collected and analyzed.
3. I consent to the collection site, the laboratory, or any other entity (providers of health care) using the results of my test to determine the existence of drugs in my system. I authorize these entities to disclose the results of my tests to the authorized Tribal representatives to determine my functional limitations and/or limits on my fitness to perform the functions of the job.
4. I understand that it is my right, upon request, to receive a copy of this authorization and consent form. I understand that if I would like to get more information about my test results I must submit a written request within 7 days to the Human Resources Department.

I acknowledge and agree that I am freely and voluntarily signing this document. I further agree that the company has made no representations, inducements or statements, other than those in writing in these documents about drug testing.

**NOTE: If applicant is under age 18, signature of Parent/Legal Guardian is required.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I declare under Penalty of Perjury under the laws that I am the parent or legal guardian of the above applicant, and I consent to the terms above.

**Karuk Tribe**  
**Summer Youth Employment**  
**Emergency Medical/Dental Consent Form**

I \_\_\_\_\_, hereby give my consent for emergency medical or dental treatment for my minor child, \_\_\_\_\_, by any licensed physician or dentist while employed with the Karuk Tribe, and transport of my minor child to and from the source of emergency treatment. This care may include examinations and any test which, in the opinion of the physician or dentist, are deemed necessary or advisable.

This does not include the right to perform surgical operations without further consent, except in the case of an emergency and when after an effort has been made to locate me, and I'm found to be unavailable. This consent is valid as long as my minor child is employed by the Karuk Tribe.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone Number During Working Hours: \_\_\_\_\_

Cell Phone (if applicable) \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Karuk Tribe  
Summer Youth Employment  
Photo Release Form**

**Parent Release Form for Media Recording**

I, the undersigned, do hereby grant or deny permission to the Karuk Tribe to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures, funding reports and newsletters, videos, and digital images such as those on the Karuk Tribe's website.

- Deny permission** to use my child's image at all.
- Grant permission** to use my child's image in the following ways (**mark all that apply**):
  - Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within or in the larger community. One example of this could be videos in parent education classes.
  - Limited usage: I want my child's image used on printed materials only (no digital or video use).
  - Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by for a variety of purposes and that these images may be used without further notifying me.

Signature of Parent/Guardian

Date

\_\_\_\_\_

\_\_\_\_\_



STATE OF CALIFORNIA DEPARTMENT OF EDUCATION  
**STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE**  
 CDE Form B1-1 (Rev. 02-14)

A "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE" form (CDE Form B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

*(Print Information)*

**Minor's Information**

\_\_\_\_\_  
 Minor's Name (First and Last)                      Home Phone                      Grade

\_\_\_\_\_  
 Home Address                      City                      Zip Code

\_\_\_\_\_  
 Birth Date                      Social Security Number                      Age                      Student's Signature

**School Information**

\_\_\_\_\_  
 School Name                      School Phone

\_\_\_\_\_  
 School Address                      City                      Zip Code

**To be filled in and signed by parent or legal guardian**

*This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that to the best of my knowledge and belief, the information herein is correct and true.*

\_\_\_\_\_  
 Parent's Name (Print First and Last)                      Parent's Signature                      Date

**To be filled in and signed by employer**

\_\_\_\_\_  
 Karuk Tribe                      (530) 493-1600                      TBD  
 Business Name or Agency of Placement                      Business Phone                      Supervisor's Name

\_\_\_\_\_  
 64236 Second Ave.                      Happy Camp, CA                      96039  
 Business Address                      City                      Zip Code

Employer's Maximum Expected Work Hours:   8   hours per day   40   hours per week

Describe nature of work to be performed:   Various Indoor/Outdoor duties such as; landscaping, light office work, fisheries restoration, summer food, youth sports/activities, etc.  

*In compliance with California labor laws, this employee is covered by workers' compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.*

\_\_\_\_\_  
 Vickie Simmons, Human Resources                      Employer's Signature                      Date  
 Employer's Name (Print First and Last)

**For authorized work permit issuer use ONLY**

|   |      |     |      |     |     |     |       |   |      |     |      |     |     |     |       |
|---|------|-----|------|-----|-----|-----|-------|---|------|-----|------|-----|-----|-----|-------|
| Maximum number of work hours when school is in session: |      |     |      |     |     |     |       | Maximum number of work hours when school is not in session:   |      |     |      |     |     |     |       |
| Mon   | Tues | Wed | Thur | Fri | Sat | Sun | Total | Mon   | Tues | Wed | Thur | Fri | Sat | Sun | Total |
| _____<br>Proof of Minor's Age (Evidence Type)           |      |     |      |     |     |     |       | <b>Check Permit Type:</b><br><input type="checkbox"/> Full-time <input type="checkbox"/> Work Experience Education, Vocational Education, or Personal Attendant<br><input type="checkbox"/> Restricted <input type="checkbox"/> Workability<br><input type="checkbox"/> General |      |     |      |     |     |     |       |
| _____<br>Verifying Authority's Name and Title (Print)   |      |     |      |     |     |     |       |   |      |     |      |     |     |     |       |
| _____<br>Verifying Authority's Signature                |      |     |      |     |     |     |       |   |      |     |      |     |     |     |       |

**For more information** about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>.