



2017-2018  
Restore Tribal Youth  
Conservation Corps  
Job Application

**Applicant Information**

Last Name:	First Name:	Middle Name:	Jr., II, etc.
Address:			
City:	State:	Zip Code:	
Phone:	Email:		
Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>	Age:	Social Sec. Number :	
Date of Birth:	City of Birth:	State of Birth:	
Driver's License Number:	State Issued:	Expiration Date:	CDL Endorsement:
Please indicate your Tribal Affiliation? submitted) <input type="checkbox"/> Tribal Member Roll #: _____		<input type="checkbox"/> First Generation (Letter must be	
Do you have any health issues or allergies? NO <input type="checkbox"/> YES <input type="checkbox"/>			
If yes, please explain your condition:			
Have you participated in any Creek Indian cultural projects or activities in the past? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes please list the project or activity.			
Do you live in the five county service area? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**Education**

Are you currently attending or have attended school? YES <input type="checkbox"/> NO <input type="checkbox"/>	Current Grade:
Name of School Attending/Attended:	
School's Mailing Address:	
Did you Graduate? If so, what year?	

**Parent/ Guardian Information**

Parent/ Guardian Name:	
Home Phone:	Cell Phone:

**Emergency Contact**

Name:	Relationship to Applicant:
Phone:	Email:

**Outside Employment**

Do you currently have any employment, outside of this position? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please list employer name, contact person & number:

**Experience**

Please list any experience you have with farming, outdoors activities, plants, etc. below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certificates**

Please list any certificates that you possess that are relevant to the position you are applying for and indicate the number and expiration dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criminal History**

Have you ever been convicted of a felony? YES  NO

If yes, complete the following. Attach additional sheet if necessary.

Date(s) of conviction.

Reason(s) for conviction.

Have you ever been convicted of two (2) or more misdemeanors? YES  NO

If yes, complete the following. Attached additional sheet if necessary.

Date(s) of conviction.

Reason(s) for conviction.

**References**

Please list three (3) persons who are not related to you.

Name and Address	Years Known	Telephone Number

**Acknowledgement Release**

I certify that the information I have provided on my application are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge.

I understand that I will be required to submit to a drug test as required by the Tribe's Drug-Free Workplace Policy and Testing Procedures. I agree to submit to a test and authorize the testing facility to provide the results of this test to the Tribe or its agents. I further understand that if employed, I am subject to random, post-accident, and reasonable suspicion drug and/or alcohol test.

I understand that if I am 18 years old or above, I will be required to successfully pass a background check investigation administered by Tribal Police.

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Printed Applicant Name

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Applicant Signature

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Date