

# ELKO BAND COUNCIL

1745 Silver Eagle Drive • Elko, Nevada 89801

775-738-8889 • Fax 775-753-5439

Dear Applicant,

Thank you for your interest in a job with the Elko Band Council. Please read the following instructions to ensure your application will be accepted and complete.

- You are encouraged to pick up a job announcement from the Clerical Aid or Human Resources. The job announcement will identify the job duties, responsibilities and qualifications for the job.
- Please fill out the entire application. If it does not apply to you identify it *not applicable* or N/A.
- A copy of your Driver's License and a copy of DMV driving record printout must be attached to the application.
- You are required to sign all forms, including the background check release, and acknowledgement of drug testing. If you fail to sign the application, or other documents your application will be denied.
- Please attach a resume with your application.

If you should have any questions or concerns regarding the application or job announcement feel free to contact Human Resources 775-738-8889.

Thank you,

Elko Band Council

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## EMPLOYMENT APPLICATION

Date of Application: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

1. \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Business No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: \_\_\_\_\_ M: \_\_\_\_\_ F: \_\_\_\_\_

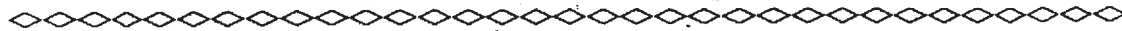
Single: \_\_\_\_\_ Married: \_\_\_\_\_ Other: \_\_\_\_\_ Enrolled Indian: Yes \_\_\_\_\_ No \_\_\_\_\_

Affiliation: \_\_\_\_\_ Enrolled No: \_\_\_\_\_



2. Have you served in the Armed Forces: Yes \_\_\_\_\_ No \_\_\_\_\_

Branch: \_\_\_\_\_ Dates & Rank: \_\_\_\_\_



3. Have you ever been convicted for any State, City or Tribal Offenses? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If your answer to the above question is "YES" please provide the information: date, location, whether conviction was a felony or misdemeanor and fully explain the situation).

NOTE: Lack of an Explanation is Basis for Rejecting Application: \_\_\_\_\_

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





Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City/State: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
Last Salary: \_\_\_\_\_ Per \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
MO. YR. MO. YR.

REASON FOR LEAVING: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_  
(Name) (Title)

Number of employees you supervised: \_\_\_\_\_

Your duties in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City/State: \_\_\_\_\_ Your Official Title: \_\_\_\_\_  
Last Salary: \_\_\_\_\_ Per \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
MO. YR. MO. YR.

REASON FOR LEAVING: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_  
(Name) (Title)

Number of employees you supervised: \_\_\_\_\_

Your duties in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City/State: \_\_\_\_\_ Your Official Title: \_\_\_\_\_  
Last Salary: \_\_\_\_\_ Per \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employed From: \_\_\_\_\_ To \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
MO. YR. MO. YR.

REASON FOR LEAVING: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_  
(Name) (Title)

Number of employees you supervised: \_\_\_\_\_

Your duties in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**7. SKILLS & ABILITIES:**

Circle below the kinds of work you have done. Circle office equipment you know how to use.

**SKILLS & FUNCTION**

**MACHINES & EQUIPMENT**

Accounting	Payroll	Inventory	Stenography	Calculator	Multigraph	Transcriber
Purchasing	Cashier	Pers. Clk.	Filing	Comptometer	Mimeograph	Adding Machine
Bk/Keeping	Credit Stat.	Clr. Posting	Comp.	Entry	Key Punch	Ck Writer
Calculating	Carpentry	Records	Mail	Dictaphone	Addograph	Tabular
Cost	Receptionist	Switchboard	Messenger	Snow Making	Typewriter	Heavy Truck
Collections	Shorthand	Typing	Teletype	Sorter	Backhoe	Cash Register

Other: \_\_\_\_\_

8. List three persons who are **NOT** related to you and have definite knowledge of your qualifications and fitness for the position for which you are applying **DO NOT** repeat names of the above supervisors.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Business/Occupation: \_\_\_\_\_

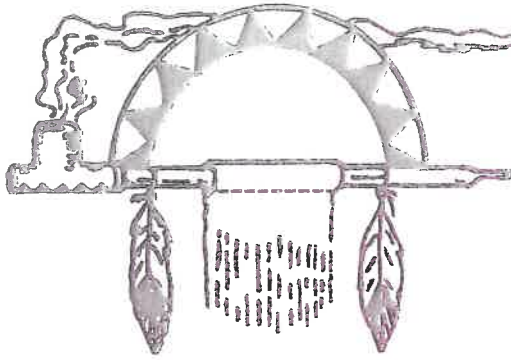
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Business/Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Business/Occupation: \_\_\_\_\_

**CERTIFICATION OF APPLICANT:** This application must be signed and dated. I hereby certify, that all statements made in this application are true, and I agree and understand that any misstatements or omissions of material facts herein may cause forfeiture on my part of all rights to any employments with the Elko Band Council.

I hereby authorize release of information concerning my previous employment.

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



## ELKO BAND COUNCIL

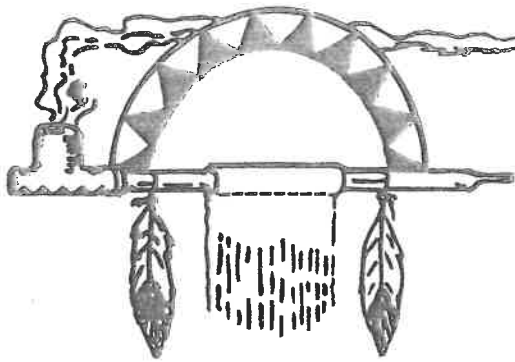
TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, am applying for a position with the Elko Band Council. I hereby authorize the above named party to release information concerning employment indicated on Elko Band Council's Employment Check Form. This authorization constitutes a full and complete release from any liability resulting from disclosure of such information. The Elko Band Administration has my permission to duplicate this authorization for release of information and use the duplicate to inquire into my employment history listed on my application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# ELKO BAND COUNCIL

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

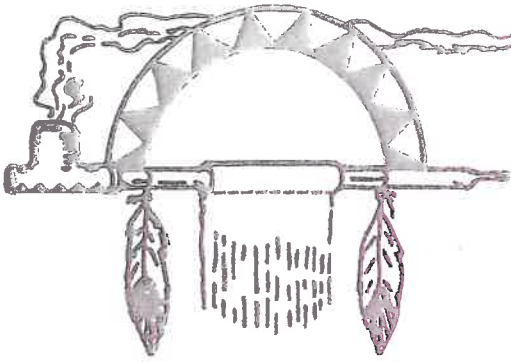
## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, am applying for a position with the Elko Band Council. I hereby authorize the above named party to release information concerning any criminal history for employment reasons. This authorization constitutes a full and complete release from any liability resulting from disclosure of such information.

The Elko Band Administration has my permission to duplicate this authorization for release of information and use the duplicate to inquire into any criminal history.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# ELKO BAND COUNCIL

## ACKNOWLEDGEMENT OF ALCOHOL AND DRUG PROGRAM

I, \_\_\_\_\_, am aware of the Drug and Alcohol Testing  
(print name)

Program currently in affect with the Elko Band Council. I understand that if I am hired temporarily or permanent for the Elko Band Council, that I must first consent to and sign the necessary forms, test negative to an alcohol and drug test administered by the testing facility before my employment can begin.

Signed \_\_\_\_\_

Date \_\_\_\_\_



*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

### Consumers Have the Right To Obtain a Security Freeze

**You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

#### TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

#### CONTACT:

a. Consumer Financial Protection Bureau  
1700 G Street, N.W.  
Washington, DC 20552

b. Federal Trade Commission  
Consumer Response Center  
600 Pennsylvania Avenue, N.W.  
Washington, DC 20580  
(877) 382-4357

a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center  
P.O. Box. 1200  
Minneapolis, MN 55480

c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106

d. National Credit Union Administration  
Office of Consumer Financial Protection (OCFP)  
Division of Consumer Compliance Policy and Outreach  
1775 Duke Street  
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, S.E.  
Washington, DC 20590

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| 4. Creditors Subject to the Surface Transportation Board   | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street, S.W.<br>Washington, DC 20423                              |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921   | Nearest Packers and Stockyards Administration area supervisor  |
| 6. Small Business Investment Companies   | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>409 Third Street, S.W., Suite 8200<br>Washington, DC 20416 |
| 7. Brokers and Dealers   | Securities and Exchange Commission<br>100 F Street, N.E.<br>Washington, DC 20549   |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090  |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above  | Federal Trade Commission<br>Consumer Response Center<br>600 Pennsylvania Avenue, N.W.<br>Washington, DC 20580<br>(877) 382-4357                                |

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**BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM  
FOR CONSUMER REPORTS**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Doc. Sec. # \_\_\_\_\_ Driver Lic # (MVR Only) \_\_\_\_\_ State Issue \_\_\_\_\_

Date of Birth \_\_\_\_\_ Maiden and all other names used \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Length at present address \_\_\_\_\_ (If less than 7 years please provide previous addresses)

Prior Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Prior Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

In connection with my application for employment (including contract or volunteer services) with "Company" I understand that you "Company" will request consumer reports on me. These reports may include information regarding my prior employment, criminal, credit, driving, workers compensation, drug and alcohol testing information, and educational history. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, criminal records, etc., from federal, state, and other agencies that maintain such records.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period, or volunteer service.

**AUTHORIZATION**

I hereby authorize the release to Total Reporting, an independent background screening agency, any information regarding my prior employment, criminal, credit, driving, workers compensation, drug and alcohol testing information, and educational history. I understand the information may be reviewed initially and periodically during the course of my employment for future screening for retention, promotion, or reassignment.

I understand that my background may be used to determine my eligibility for employment, and I agree that falsification of any information may make me ineligible for employment or subject to dismissal, if hired. I further acknowledge that Total Reporting is relying on third party information.

I hereby authorize that a photocopy or electronic facsimile of this document shall serve as an original.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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**EMPLOYER INFORMATION "COMPANY"**

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_