ELKO BAND COUNCIL

1745 Silver Eagle Drive • Elko, Nevada 89801
775-738-8889 • Fax 775-753-5439

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: _____

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4. Do you possess a valid Driver's License: Yes _____ No _____

License No: _____ Expires: _____

5. EDUCATION HISTORY:

Name & Address of School	Courses Majored In	Check Last Year Completed	Graduate Degrees Received
Grade School_____ _____	_____ _____	____5 ____6 ____7 ____8	___Yes ___No
High School_____ _____	_____ _____	____1 ____2 ____3 ____4	_____ _____
College_____ _____	_____ _____	____1 ____2 ____3 ___4	_____ _____
GED_____ _____			___Yes ___No

List any additional training, correspondence courses taken, certificates, license or other qualifications which may have a bearing on your fitness for the position on an additional sheet.

6. EMPLOYMENT HISTORY:

Start with PRESENT or MOST RECENT JOB and work BACKWARDS.

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 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 of 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: _____

Revised on: 8/23/00

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

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

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM FOR CONSUMER REPORTS

Last Name_____ First Name_____ Middle Name_____

Soc. 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 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**_____

EMPLOYER INFORMATION "COMPANY"

COMPANY NAME: _____

CONTACT PERSON: _____

PHONE #: _____

EMAIL: _____

Para información en español, visite 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 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 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 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.

- **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 form 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.

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:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357
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	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
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.	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590

4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. 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 United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357