

# NEZ PERCE TRIBAL ENTERPRISES

## APPLICATION CHECK LIST

When completing your application please be sure to do the following:

- Complete application, print & sign.  
*\*\*Note: Application must be filled out completely\*\**
- Make sure all information is legible (Print clearly, using **Black/Blue** Ink)
- If you have a resume, please include copy.  
*\*\*If Applicable\*\**

### Mandatory Attachments:

- Proof of all formal education; to include diploma, GED, degrees and transcripts. (If applicable)
- Provide your Tribal I.D. Card (If applicable)
- Provide Driver's License and an **ENTIRE** driving record (*MVR or Motor Vehicle Report*)(If applicable)
- Provide Social Security Card
- If you are claiming to be a Veteran, please attach your DD214.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. NO EXCEPTIONS!!**

Thank you,

Nez Perce Tribal Enterprises Human Resource Department



**Notice for Applicant/Employee  
A-4 Authorization**

**'Notice of Intent' and 'Authorization' To Obtain an Investigative Consumer Report for Employment or  
Other Legitimate Permissible Purposes**

The undersigned applicant/employee is hereby notified that \_\_\_\_\_(Employer) may obtain an investigative consumer report for employment purposes through ACRANet. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later. Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRANet for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

**Print Full Name:** \_\_\_\_\_

**Former Name/Maiden Name (list all):** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Previous Address:** \_\_\_\_\_

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

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

**Driver's License # (if applicable)** \_\_\_\_\_ **State of Issue** \_\_\_\_\_

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

## Exhibit “C”

### Appendix A to Part 601

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

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, the CRA may charge you a fee, which shall not exceed the amount established by the Federal Trade Commission on January 1 of each year.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s – to which it has provided the data—of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of statement if future reports. If an item is deleted or a dispute statement if filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdate information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your consent.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damage from violators.** If a CRA, user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

**The FCRA gives several different federal agencies authority to enforce the FCRA:**

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934--FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051



# NEZ PERCE TRIBAL ENTERPRISES APPLICATION FOR EMPLOYMENT

17500 Nez Perce Road  
Lewiston, ID 83501  
Phone: (208) 746-0723  
Fax: (208) 746-2845

You must be 18 years or older to apply. Answer each area completely. \*Areas that do not apply print "n/a".  
Incomplete or unsigned applications will not be considered.

**PERSONAL DATA** **PLEASE PRINT LEGIBLY** **Three (3) Letters of Reference are required.**

Name Last	First	Middle			Social Security Number
Street Address City State Zip					Home Phone Number
Mailing Address Street/Apt. No. or PO Box City State Zip					Cell/Message Phone Number
Email Address			List Any Other Names You Are Known By		

Is anyone in your immediate family employed with the Nez Perce Tribal Enterprises? If yes, please list who and where?

Do you have a valid driver's license?  
 Yes     No    License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

Have you ever been convicted of a felony?     Yes     No  
 If yes, list conviction(s) and date(s): \_\_\_\_\_

**APPLICANT'S STATUS ~~ Please Mark the Appropriate Box**

Are you an enrolled member of a federally recognized tribe? If yes, attach a copy of your verification of enrollment.     Yes  No  
 Name of Tribe: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**EMPLOYMENT DATA ~~ Submit one (1) application for each opening:**

1.

Check appropriate box for type of employment and shifts you are willing to work:  
 Full-time     Part-Time     On-call     Temporary //     Day     Swing     Grave

Location of interest:  
 Clearwater River Casino     Itse Ye Ye     Nez Perce Express     Camas     CRC Hotel & Resort

Current Employees Only:     Transfer     Reclassification

**US MILITARY**

Did you serve in the U.S. Armed Forces:     Yes     No    If yes, please attach a copy of your DD214.  
 If yes, what branch?: \_\_\_\_\_ Dates Mo/Yr – From: \_\_\_\_\_ To: \_\_\_\_\_  
 Please describe any military training/duties received relevant to this position for which you are applying:

**EDUCATION** **Proof of High School Diploma/GED or College Diploma/Certification from an Accredited College or Specialized Training is required.**

Name Of School Attended	Date(s) Attended	Graduated Yes / No	Diploma or Degree Received Field of Study
High School / GED			
Specialized training / Vocational Technical School			
College / University			

**SKILLS & QUALIFICATIONS** (List other specific skills you have to offer for this position (computer, etc.))

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**WORK EXPERIENCE** ~~ List work experience for the past 10 years beginning with your present or last position held.

All information requested must be furnished. Include any other employment relevant to the position for which you are applying. A resume or other information will be accepted, but WILL NOT be accepted in place of the specified information requested below. (Do not write "SEE RESUME")

<b>Employer:</b>		<b>Dates Employed</b>
Address – City State - Zip:		From: Month / Year
Telephone Number:	Supervisor's Name & Title:	To: Month / Year
Job Title:		Starting Salary:
Reason for Leaving:		Final Salary:
Work performed / skills utilized (be sure to list all those relevant to the position for which you are applying):		

<b>Employer:</b>		<b>Dates Employed</b>
Address – City State - Zip:		From: Month / Year
Telephone Number:	Supervisor's Name & Title:	To: Month / Year
Job Title:		Starting Salary:
Reason for Leaving:		Final Salary:
Work performed / skills utilized (be sure to list all those relevant to the position for which you are applying):		

<b>Employer:</b>		<b>Dates Employed</b>
Address – City State - Zip:		From: Month / Year
Telephone Number:	Supervisor's Name & Title:	To: Month / Year
Job Title:		Starting Salary:
Reason for Leaving:		Final Salary:
Work performed / skills utilized (be sure to list all those relevant to the position for which you are applying):		



**WORK EXPERIENCE** ~~ List work experience for the past 10 years beginning with your present or last position held.

All information requested must be furnished. Include any other employment relevant to the position for which you are applying. A resume or other information will be accepted, but WILL NOT be accepted in place of the specified information requested below. (Do not write "SEE RESUME")

<b>Employer:</b>		<b>Dates Employed</b>
Address – City State - Zip:		From: Month / Year
Telephone Number:	Supervisor's Name & Title:	To: Month / Year
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Reason for Leaving:		Final Salary:
Work performed / skills utilized (be sure to list all those relevant to the position for which you are applying):		

<b>Employer:</b>		<b>Dates Employed</b>
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Telephone Number:	Supervisor's Name & Title:	To: Month / Year
Job Title:		Starting Salary:
Reason for Leaving:		Final Salary:
Work performed / skills utilized (be sure to list all those relevant to the position for which you are applying):		

<b>Employer:</b>		<b>Dates Employed</b>
Address – City State - Zip:		From: Month / Year
Telephone Number:	Supervisor's Name & Title:	To: Month / Year
Job Title:		Starting Salary:
Reason for Leaving:		Final Salary:
Work performed / skills utilized (be sure to list all those relevant to the position for which you are applying):		

<b>REFERENCES ~ Please list three persons not related to you</b>					
Name	Address	Title	Organization	Years Known	Telephone Number

<b>GAMING LICENSE INFORMATION</b>	
<p><b>If you are applying for a position that requires a gaming license, please complete the following section.</b> You must be able to be licensed by the Nez Perce Tribe Gaming Commission in accordance with provisions of the Nez Perce Tribal Gaming Ordinance, Compact between the Nez Perce Tribe and the State of Idaho and the Indian Gaming Regulatory Act. You will be required to complete an extensive gaming license application requesting information on your personal, employment, and criminal history. Checks will be conducted with Tribal, State, and Federal law enforcement agencies to insure that persons employed by the Gaming Enterprises meet legal requirements.</p>	
<b>Location of Interest:</b> <input type="checkbox"/> Clearwater River Casino, Lewiston, Idaho <input type="checkbox"/> It'se Ye Ye Casino, Kamiah, Idaho	
Have you ever applied for a gaming license? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, which Tribe or State?	
License No:	Expiration Date:
Nez Perce Tribal Gaming License No.:	Expiration Date:
Have you ever been turned down for a gaming license or had your license revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The Nez Perce Tribal Enterprises strives to maintain a drug free work environment. Pre-employment and random drug testing is required.

The 1964 Civil Rights Act (Title VII) allows private and government employers on or near a Federal Trust Indian Reservation to exercise Tribal preference in employment, 42 USC 2000e2 (i) (b) (1). In accordance with this provision, it is the policy of the Nez Perce Tribal Enterprises to invoke this preference. In addition, the Nez Perce Tribe has a policy of Tribal preference. When claiming Indian Tribal preference, applicant must provide proof of enrollment.

The Immigration Reform and Control Act of November 6, 1966, require proof of legality of residency or citizenship. Proof must be provided at the time of hire. (Acceptable documentation includes but is not limited to driver's license, social security card, Tribal enrollment card, birth certificate, US Passport, certificate of US Citizenship.)

Nothing contained in this employment application or in granting of an interview is intended to create a contract between applicant and the Nez Perce Tribal Enterprises.

*I certify that the answers given here are true and complete to the best of my knowledge. I understand that a gaming license is a requirement for some positions of employment with the Nez Perce Tribal Enterprises, and agree to submit to a complete background investigation for that purpose. I also agree to random drug testing, if hired. I authorize you to make such investigations and inquiries of my personal, employment, or financial history and other related matters as may be necessary in arriving at an employment decision. I hereby release current and former employers from all liability in responding to inquiries in connection with my application. If hired, I agree to abide by all rules and regulations and personnel policies and procedures of the Nez Perce Tribal Enterprises. As a condition of employment, any omission or misstatement made in this application will constitute grounds for termination at anytime after such information is revealed or discovered.*

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