



NICWA

National Indian Child Welfare Association

Employment Application

Thank you for considering the National Indian Child Welfare Association (NICWA) in your job search. NICWA is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Please print or type. Complete all questions and sign your name on the last page. Please complete each section, even if you attach a resume.

PERSONAL INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

Number

Street

Apt.

City

State

Zip Code

TELEPHONE: _____ EMAIL: _____

Home

Mobile

Are you legally eligible to be employed in the United States? Yes No

Are you at least 18 years of age or older? Yes No

Have you ever been employed or in school using another name? Yes No
If yes, please explain:

Have you ever applied for employment or have you ever been employed by or volunteered with NICWA? If yes, please list positions applied for and/or dates or employment or volunteer activity. Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? If no, please explain:

Yes No

Do you have any employment restrictions resulting from a non-compete or confidentiality agreement?

Yes No

EDUCATION

	Name and Location of School	Number of Years Attended	Degree Received	Subjects Studied/Major
High School/GED				
College or University				
Trade, Business, or Vocational School				
Graduate School				
Military				
Other				
Have you completed any special courses, seminars, and/or trainings directly related to the position for which you are applying? If yes, please describe:				
Software Applications/Skills:				
Other Skills:				
Licenses and/or Certifications relevant to the position you are applying for (include ID numbers and expiration dates):				

EMPLOYMENT HISTORY

Please begin with your most recent employment. Provide an accurate, complete full-time and part-time employment record, including volunteer activities that are related to the position you are applying for.

May we contact your current employer?	Yes	No	
Current Employer:	From (MM/YYYY):	To (MM/YYYY):	
Address:	Telephone number:		
Job title:	Supervisor's name:		
Describe your duties and responsibilities:			
Reason for leaving:			
Employer:	From (MM/YYYY):	To (MM/YYYY):	
Address:	Telephone number:		
Job title:	Supervisor's name:		
Describe your duties and responsibilities:			
Reason for leaving:			
Employer:	From (MM/YYYY):	To (MM/YYYY):	
Address:	Telephone number:		
Job title:	Supervisor's name:		
Describe your duties and responsibilities:			
Reason for leaving:			

Please provide any additional information that you would like us to know when considering your application. Include any relevant skills or current special trainings, honors, awards, fellowships, publications, memberships, etc:

EMPLOYMENT DESIRED

Date you can start employment: _____ Position desired: _____

PROFESSIONAL REFERENCES

List 3 persons not related to you, and that would have definite knowledge of your qualifications and suitability for the position you are applying for. Please list current contact information.

	Name	Phone	Company	Years Acquainted
1.				
2.				
3.				

REFERRAL SOURCE

How did you hear about us? _____

Have you worked for NICWA previously? Yes No

Do you know anyone who is currently employed by NICWA? Yes No

If yes, please explain relationship: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for NICWA to hire me. If I am hired, I understand that either NICAW or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of NICWA has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to NICWA true and complete information on this application. No requested information has been concealed. I authorize NICWA to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I acknowledge reading and understanding the foregoing statements.

Applicant signature

Date

Please submit this application with your cover letter, resume, and any other required documents if applicable to:

National Indian Child Welfare Association
Attn: Human Resources
5100 SW Macadam Avenue, Suite 300
Portland, OR 97239
E: nstewart@nicwa.org P: (503) 222-4044