



# TRIBAL EMPLOYMENT RIGHTS OFFICE APPLICATION FOR EMPLOYMENT

P.O. BOX 1839 ♦ 756 AQUONI RD ♦ CHEROKEE, NC 28719  
OFFICE: (828) 359-6421 ♦ FAX: (828) 359-0068 ♦ [TEROInfo@ebci-nsn.gov](mailto:TEROInfo@ebci-nsn.gov)

It is the policy of the Tribal Employment Rights Office (TERO) and the Eastern Band of Cherokee Indians to give employment preference to enrolled members of the EBCI who meet the minimum requirements/qualifications outlined within the job description based on Indian Preference in hiring. After considering Indian Preference, it is the policy of TERO and the EBCI to foster, maintain, and promote Equal Employment Opportunities, which do not discriminate on the basis of race, color, national origin, or sex provided a complete application is submitted for each position the applicant is interested in receiving consideration for.

**NOTE: IT SHALL BE THE RESPONSIBILITY OF THE APPLICANT TO SUBMIT ANY AND ALL DOCUMENTS TO VERIFY AND CONFIRM THE QUALIFICATIONS, CREDENTIALS, AND CONTENTS OF EACH APPLICATION SUBMITTED. (e.g. Indian preference, NC Driver's License, HS Diploma, College Degrees/Transcripts, Licensures, Certifications, Trainings, Etc.)**

RESUMES WILL NOT BE ACCEPTED IN LIEU OF THIS APPLICATION AND REFERENCING TO AN ATTACHED RESUME IN LIEU OF COMPLETING THE ANSWER SPACE PROVIDED WILL CONSTITUTE AN INCOMPLETE APPLICATION. Failure to answer all questions or provide required copies of documents to be attached and signatures will result in application classified as INCOMPLETE.

**POSITION APPLIED FOR:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

List the names of any immediate family members or persons with whom you have a close personal relationship (such as a live-in companion, a cousin raised as your sibling, etc.) who is/are currently working in TERO.

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

## IDENTIFICATION

### Citizenship

Are you a U.S. Citizen?  YES  NO

If NO, do you possess an Alien Registration Card?  YES  NO

If YES, please provide the Alien Registration Card number: \_\_\_\_\_

### Indian Preference

Are you claiming Indian Preference?  YES  NO

If YES, are you claiming for yourself or your spouse?  I am enrolled  My spouse is enrolled

If YES, what tribe? \_\_\_\_\_ Enrollment #: \_\_\_\_\_

***If claiming Indian Preference, proof of tribal enrollment must be attached to this application.***

### Veteran's Preference

Are you a veteran?  YES  NO

***If YES, provide a copy of DD-214.***

Check all that applies to you:

- Served on active (full time) duty and discharged under honorable conditions.
- Recently separated veteran (within the past 12 months).
- Disabled veteran (entitled to disability payments under VA or released from active duty).
- Vietnam era veteran (any part of your service was between August 5, 1964 – May 7, 1975).

***You must provide a valid copy of the DD-214 / Evidence of an honorable discharge to receive veteran's preference.***

### Driver's License

Do you have a valid N.C. Driver's License?  YES  NO

If YES, NCDL #: \_\_\_\_\_

If NO, do you have a valid Driver's License in another state?  YES  NO

If YES, which state? \_\_\_\_\_ License #: \_\_\_\_\_

Do you have a valid NC Commercial Driver's License?  YES  NO

If YES, NCCDL #: \_\_\_\_\_

***NOTE: You Must Provide a Copy of your Driver's License, CDL, or State Issued ID Card.***

## BACKGROUND

### Tribal Experience, Scheduling & Capability

- A. Have you ever worked for an Indian tribe or lived within the boundaries of tribal land?  YES  NO

If YES, please list the job title and tribe you worked for:

- B. Are you available to travel upon request?  YES  NO

- C. If hired, on what date will you be available to start work? \_\_\_\_\_

- D. Will you work overtime if asked?  YES  NO

- E. Can you perform the specific job duties and functions listed in the position description?  YES  NO

If NO, please explain:

### Criminal Background Information

- A. Have you ever been convicted of a misdemeanor or a felony?  YES  NO

- B. Any minor traffic violations?  YES  NO

*If answer is yes to this question, provide descriptions of the arrest or charge, the date of arrest or charge, and the final disposition of the charge. If charges are still pending, list your next court date.*

- C. Have you ever been arrested or charged with a crime involving a child?  YES  NO

*If answer is yes to this question, provide descriptions of the arrest or charge, the date of arrest or charge, and the final disposition of the charge. If charges are still pending, list your next court date.*

## WORK HISTORY

List past employers for the last ten (10) years starting with the most recent employer first. List work history greater than 10 years if related experience falls outside of the 10 year period. (Please use a separate sheet if space provided is not adequate plus add your name to each page.)

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Total yearly earnings: \_\_\_\_\_

List duties:



Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Total yearly earnings: \_\_\_\_\_

List duties:



WORK HISTORY (Cont.)

Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Total yearly earnings: \_\_\_\_\_

List duties:



Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly wage: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Total yearly earnings: \_\_\_\_\_

List duties:



## EDUCATION

High School: \_\_\_\_\_

Level Complete:  9    10    11    12    GED

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

Phone: \_\_\_\_\_ Date of Graduation/GED: \_\_\_\_\_

Diploma/Degree received: \_\_\_\_\_

Credentials/Certifications received: \_\_\_\_\_

Describe course of study: \_\_\_\_\_



Trade/College: \_\_\_\_\_

Years complete:  1    2    3    4

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

Phone: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Diploma/Degree received: \_\_\_\_\_

Credentials/Certifications received: \_\_\_\_\_

Major/Course of study: \_\_\_\_\_



University: \_\_\_\_\_

Years complete:  1    2    3    4    5    6

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

Phone: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Diploma/Degree received: \_\_\_\_\_

Credentials/Certifications received: \_\_\_\_\_

Major/Course of study: \_\_\_\_\_



## Education (Cont.)

Describe specialized training, apprenticeship skills, and extracurricular activities:

Describe the particular knowledge, skills, or abilities you have which will enable you to meet the requirements of the position you are applying for:

State any additional information that relates to the position for which you are applying, and may be helpful to us in considering your application.

***NOTE: If you are claiming high school diploma, GED, higher education licensures, certifications, trainings, degrees, etc., you must submit verification documents for each one you are claiming. Attach copies of letters of recommendation, verifications, etc., which may assist in validating your qualifications.***

## REFERENCES

**Former supervisors preferred.**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

How do you know this reference? \_\_\_\_\_

\_\_\_\_\_



Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

How do you know this reference? \_\_\_\_\_

\_\_\_\_\_



Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

How do you know this reference? \_\_\_\_\_

\_\_\_\_\_



***This information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.***

- I understand that I will not be considered a regular employee until I have satisfactorily completed the required 90-day evaluation period. I will be evaluated after 90 days by my supervisor.
- I also understand that acceptance of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
- I understand that there is a Tribal Drug Policy and I will be subject to drug pre-testing upon my employment.

\_\_\_\_\_  
*Signature of applicant required*

\_\_\_\_\_  
*Date*



## Authorization to Release Information

I, \_\_\_\_\_ am an applicant for employment with the Tribal Employment Rights Office (TERO). In order to process my application, certain information must be made available to the Tribal Employment Rights Office or designee of TERO. This information is for my benefit. I hereby authorize, request and direct educational institutions, my references, my employers (past and present), financial institutions and doctors, courts, any other person, institution or organization, and all governmental agencies and instrumentalities (local, federal, state, document, information record, or file that is deemed material to the processing of my application for employment. Said information can be furnished if the request thereof is made in person or in writing.

- Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information records to the TERO Office or designee and this serves as a waiver of any contract that I have with any of the said organizations or individuals and serves as a waiver of any and all illegal communication privileges that I could claim.
  
- Further, I appoint the Tribal Employment Rights Office or their representative as my agent and attorney in fact for the sole purpose of collecting information for processing my application and direct that TERO be permitted to inspect all of said files and information and be permitted to make copies thereof at his/her discretion. This request can be treated as if I were making the request in person.

### AFFIDAVIT OF APPLICANT:

I, \_\_\_\_\_, being duly sworn, depose and say the following:  
*Print Name*

I am the person who executed the above authorization. I understand its meaning, intention, and effect; and that the statements therein are true and correct.

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

---

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Signature: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

[Seal]

---

**NOTE: If this page is not signed, dated and notarized, application will be considered incomplete.**

## Article V. SELECTION, APPOINTMENT, AND SEPARATION

### 5.02 Disqualification of Applicants

**Reasons for disqualification of an applicant from employment consideration by the TERO Office may include, but are not limited to, one or more of the following:**

1. Lacks the minimum qualifications/requirements established for the position.
2. Is unable to perform the duties of the position as demonstrated through reference and other background reviews.
3. Has been convicted of a crime which raises serious doubt as to the suitability of the applicant to assume the responsibilities of the position.
4. Has made false statement of material fact in the application or to TERO.
5. Has used or attempted to use bribery to secure an advantage in the selection process.
6. Has failed to submit a completed application or has failed to meet the established deadline.
7. Has refused to take a pre-employment drug test or failed to pass said test.
8. Has an adverse employment or other record or history, as determined by TERO through a pre-employment background investigation.
9. Has a conflict as outlined in Sections 4.02 or 4.03 in the personnel policy.

*I acknowledge that I have read the information contained on this page  
by placing my initials hereto.*

Applicant Initials: \_\_\_\_\_

## NOTICE OF MANDATORY CRIMINAL HISTORY CHECKS

Federal law requires that a criminal history check be conducted on all individuals whose duties and responsibilities would allow them regular contact with or control over children. The Tribal Employment Rights Office (TERO), requires that criminal history checks be conducted on all volunteers who will have regular contact with or control over children. Covered employers will employ and allow as volunteers only individuals who meet the standards of character required for an individual's fitness to have responsibility for the safety and well-being of children as outlined in the Cherokee Code. Your initials will indicate that you have been notified of the mandatory criminal records check as a condition of your employment in positions that require regular contact with children. You have a right to obtain a copy of the criminal history report that will be made available to the covered employer and the right to challenge the accuracy and completeness of the information contained in the report. Covered employers may also require background checks for any other employee or applicant it deems appropriate.

Applicant Initials: \_\_\_\_\_

I authorize the Tribal Employment Rights Office to perform a criminal history check in connection with my fitness to be an employee or volunteer for TERO. I understand that TERO shall not be held legally accountable in any way for providing my identifying information to any consumer credit agency, Federal Bureau of Investigation, state, local or tribal entities. I release TERO from any and all liability which may be incurred as a result of furnishing such information. I authorize the release of any information, record, file or document requested by the TERO from any and all private or public institutions, organizations, and governmental agencies. All information may be furnished as if the request is made by me in person or in writing. I certify that to the best of my knowledge and belief all of the information on and attached to this application is true, correct, and complete and made in good faith. I understand that a false or fraudulent answer to any question on any part of this application may be grounds for not hiring me, or for firing me after I begin work, and may be punishable under the federal perjury laws by fine or imprisonment according to the United States Code, Title 18, Section 1001.

\_\_\_\_\_  
*Signature of Employee/Applicant/Volunteer*

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

## DRUG AND ALCOHOL POLICY

Recognizing the need to protect Tribal employees and the public from the risks posed by the abuse of alcohol and drugs, the Tribe has established certain requirements of its employees and applicants for employment. A copy of the Tribe's Drug and Alcohol Policy as found in Article IX of the Tribal Personnel Policy is attached as part of this application.

The specific goals of the Tribal Drug and Alcohol Policy are to educate employees about the dangers and problems associated with substance abuse; facilitate the prevention of substance abuse, identify any employees who may be engaging in substance abuse and identify the substance(s), provide opportunities for counseling and treatment of employees abusing drugs and/or alcohol, protect the public and coworkers from those employees abusing drugs or alcohol and develop a drug free workplace and community.

**The policy includes pre-employment drug testing of all applicants for employment. Once hired, random drug testing, post-accident testing and testing based on reasonable suspicion is a condition of continued employment.**

I have read the drug policy contained in Article IX of the Tribal Personnel Policy and understand it. I understand that applicants and employee testing is required by the policy. Should I become an employee of EBCI, I agree to comply with the rules and regulations as described in the policy, I consent to drug and alcohol testing as outlined in the policy, and understand that failure to abide by the requirements of the policy may lead to disciplinary action being taken against me, which may include termination.

I hereby consent to the taking of my hair and/ or urine samples and to the testing of such samples by a drug-testing laboratory designated by EBCI/TERO. I hereby further consent to the release of the drug/ alcohol test results from the laboratory to a designated EBCI/TERO agent. I release and discharge EBCI/TERO, its officers and agents, from any claim or liability arising from the use of such tests for any decisions concerning employment made by EBCI/TERO based, in whole or in part, upon the result of such test.

---

*Signature of Applicant*

---

*Date*