



SUSANVILLE INDIAN RANCHERIA

LASSEN INDIAN HEALTH CENTER
SIR GAMING COMMISSION

HUMAN RESOURCE DEPARTMENT
745 Joaquin Street
Susanville, CA 96130

FOR OFFICE USE
Date received: _____

APPLICATION FOR BOARD, COMMISSION, OR COMMITTEE MEMBER

PERSONAL			
Last Name	First	Middle	Social Security Number
Street Address			Date
City, State, Zip			Home Telephone
Name of Board, Commission, or Committee applying for:			Business Telephone
Do you have a High School Diploma or equivalent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been a resident of Lassen County for a minimum of 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If an offer of employment is made, prior to your commencement of employment duties, you may be required to undergo a medical examination and/or drug test, the results of which may affect the offer of employment. Are you willing to undergo such an exam? <input type="checkbox"/> Y <input type="checkbox"/> N			

REQUIRED NARRATIVE

This space is provided for a short narrative describing the skills you can bring to the Board, Commission, or Committee for which you are applying.

Date

Signature

APPLICANT STATEMENT OF UNDERSTANDING AND RELEASE OF LIABILITY

AUTHORIZATION TO RELEASE INFORMATION

I, _____, am applying for a position with the Susanville Indian Rancheria. I hereby signify my willingness to appear for interviews in regard to my application and authorize Susanville Indian Rancheria's representatives to consult with other institutions with which I have been associated and personal references who may have information bearing on my professional competence, character, ethical qualifications, assaultive behaviors and criminal convictions. I further consent to the release/disclosure to the Susanville Indian Rancheria all educational, professional and criminal records that may be material to an evaluation of my qualifications and competence, as well as my ethical behavior for staff membership.

I hereby release from liability all representatives, facilities, educational institutions and training programs which I have attended and/or worked for, from their acts performed in good faith and without malice in connection with evaluating my credentials and qualifications. I also hereby release from any liability any and all individuals and organizations who provide information to the Susanville Indian Rancheria's staff in good faith and without malice concerning my, education, professional competence, ethics, character and other qualifications.

I certify that the statements/documents that I have made/provided in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

I fully understand that a false statement to any question in this application or the misrepresentation of information otherwise provided, may cause my application to be disqualified or constitute immediate termination if employed.

I have read and understand above statement.

Date

Signature

Social Security number