

KWAHN CORPORATION

P.O. Box 1087 37107 Main Street Burney, Ca 96013 Phone: (530)335-2244

Fax: (530)852-3957

 $Ajumawi \bullet Aporige \bullet Astarawi \bullet Atsugewi \bullet Atwamsini \bullet Hewisedawi \bullet Hammawi \bullet Illmawi \bullet Itsatawi \bullet Kosealekte \bullet Madesi$

KWAHN BOARD MEMBER APPLICATION								
CONFIDENTIAL PERSONAL INFORMATION								
Name:		DOB:						
Current address:								
City:	State:		p code:					
Home phone:	Cell phone:		mail address					
SSN:		Drivers license	e or state ID:					
Have you served on Tribal Council? If yes, how long?	Yes	No	Band Affiliation:					
Have you ever been convicted of a	crime? Yes	No						
If yes, please explain:								
ALL APPLICANTS WILL BE SUBJECT TO A BACKGROUND CHECK								
Employment and Income Information for the last five (5) years								
Current Employer:								
Employer Address:		How long?						
City:	State:		Zip code:					
Position:		Phone:						
Duties:		Annual Income:						
<u>'</u>								
Current Employer:								
Employer Address:		How long?						
City:	State:		Zip code:					
Position:		Phone:						
Duties:		Annual Income:						
Current Employer:								
Employer Address:		How long?						
ty: State:			Zip code:					
Position:		Phone:	Phone:					
Duties:		Annual Income:						



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EDUCATION							
High School:			Address:				
From:	To:	Did you graduate:	Yes No	De	gree:		
College: Address:							
From:	To:	To: Did you graduate: Y		Degree:			
College:			Address:				
From:	To:	Did you graduate:	te: Yes No Degree:				
	AF	REAS OF EXPERTISE	(CHECK ALL THAT	APP	LY)		
Business	Operations	Business Acquisition			☐ Indian Tribes		
Finance		Legal	Legal		Planning		
Marketin	ng	Public Relation	S		Communication		
Personne	el	Community	Community		Accounting		
Business	Ownership	Other: (Please list)					
REFERENCES							
(Please list three professional references)							
Name: Relationship:							
Company: Phone:							
Address:							
Name:			Relationship:				
Company:		Phone:					
Address:							
Name:			Relationship:				
Company:			Phone:				
Address:							
GENERAL							
1. Will you be able to attend Tribal Council/Board/Committee Meetings?							
2. Do	2. Do you have access to a computer with internet access?						
3. How do you feel about teleconference meeting and/or video conferencing?							
4. What experience do you have living and working with the Native community?							
CERTIFICATION							
If elected as a Board Member of the Kwahn Board of Directors, you assume the responsibility and duty to avoid							
conflicts of interests between your position as a Board Member and your personal life and keep all information							
and material confidential to outside parties.							
Signature of Applicant:				_	Date:		