

# KARUK TRIBE HOUSING AUTHORITY

P.O. Box 1159 • 635 Jacobs Way  
Happy Camp, CA 96039  
Ph: (530) 493-1414 • Fax: (530) 493-1415



1836 Apsuun Street  
Yreka, CA 96097  
Ph: (530) 842-1644 • Fax: (530) 842-1646

## Request for Qualifications

**Deadline:** FRIDAY, November 9, 2018 at 5:00pm  
**Questions:** Florraine Super, [florrinesuper@karuk.us](mailto:florrinesuper@karuk.us)

The Karuk Tribe Housing Authority (KTHA) requests qualifications for the following Scope of Work required for **Cultural Practitioners** to provide Cultural Youth Wellness activities. Two practitioners will be needed. Interested individuals would need to be available to work the week of November 19-21, 2018 from 1pm-5pm each day.

A stipend of \$100 per day (4 hours) will be paid upon submission of all applicable paperwork required for payment (including background authorization and W9 forms).

### Task One

Practitioners will oversee traditional teachings while making jewelry with community members mainly focused on children grades K-8<sup>th</sup> although we may have other community members join.

### Task Two

Oversee inventory while helping students.

### Task Three

Supervise students in a safe environment while following all Wellness Center Rules and Regulations.

**Responses to this Request for Qualifications should include the following (as applicable):**

- 1) Résumé with work experience, completed background authorization form, and W9 form; and
- 2) Additional supporting documentation such as licenses, certificates, etc.

**Responses must be hand, mail, or email delivered by 5:00pm, FRIDAY, November 9, 2018 to:**

Adia Supahan, Executive Assistant  
Karuk Tribe Housing Authority  
635 Jacobs Way, PO Box 1159, Happy Camp, CA 96039  
Emails will be accepted at [asupahan@karuk.us](mailto:asupahan@karuk.us)

*In accordance with the Indian Preference Act of 1934 (Title 25, USC, Section 47) and the Tribal Employment Rights Ordinance (TERO), Indian Preference will apply in the selection process.*

**BACKGROUND AUTHORIZATION FORM**

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - -

\*\*PREVIOUS NAMES USED: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Street Address (No P.O. Boxes) City State Zip Code County

HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS? \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

Street Address (No P.O. Boxes) City State Zip Code County

HOW LONG AT PREVIOUS ADDRESS? \_\_\_\_\_

\*\*DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_ Yes \_\_\_ No

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WITHIN THE LAST 10 YEARS? \_\_\_ Yes \_\_\_ No

IF YES, PROVIDE EXPLANATION (Year, County, Offense):

\*\*THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT AN ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS A CRITERIA IN THE HIRING PROCESS.

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, and employment history – may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606 to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I release THE KARUK TRIBE and its ancillary organizations and any other person and/or agencies from any damage and/or liable acts that may result from obtaining the above information.

The above information is used solely for employment verifications, credit inquiries, and criminal history checks. Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

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

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