

Employment Opportunities

- * **Youth Center Shift Leader**
Siletz, \$18,669 annually. Closes 4/19
- * **Tribal Council Secretarial Asst.** - (30-40 hours per week)
\$8.98 per hour. Closes 4/5
- * **Background Investigator** - Part Time. Lincoln City. \$13.60
per hour. Closes 4/5
- * **Youth Services Coordinator** (FTE), Siletz, \$28,289
annually. Closes 4/5
- * **Patient & Client Transporter** (on-call NTE 16 hours per
week) All Siletz Tribal Offices. \$5.82 per hour. Closes
4/17.

Temporary positions become open on an ongoing basis. Contact Kelli Brugh, Personnel Manager, if you are interested.

All persons selected for employment must pass the drug testing procedure described in the Tribe's Personnel Manual before being hired. A valid drivers license will be required by the date of employment. The high school diploma/GED requirement will be waived for Tribal Elders.

The Tribe's Indian Preference Policy will apply. Tribal government will not discriminate in selection because of race, creed, age, sex, color, national origin, physical handicap, marital status, politics, membership, non-membership in an employee organization.

For more information and Tribal Application call 1-800-922-1399 or (503) 444-2532.

1996 LOGO CONTEST

The Siletz Pow Wow Enterprise is looking for a new logo for the 1996 Nesika Illahee Pow Wow. The Enterprise would like to keep the idea of the Circle of Friendship and the Elders would like to see designs reflecting elements of Siletz culture. The winner will receive a prize of \$50.00. No deadline has been set, but it is recommended you get your entry in as soon as possible. Send your entries to Siletz Pow Wow Enterprise, PO Box 549, Siletz, OR 97380. If you have questions, please call (503) 444-2532 or 1-800-922-1399.

Application for Miss Siletz Junior Miss Siletz & Little Miss Siletz

FULL NAME _____ ROLL # _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER _____
TRIBAL AFFILIATION/BANDS _____
SCHOOL ATTENDING _____ GRADE _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
PARENT'S NAMES _____
GRANDPARENT'S NAMES _____
BROTHERS & SISTERS _____
COURT APPLYING FOR: _____ MISS SILETZ _____ JUNIOR MISS
SILETZ _____ LITTLE MISS SILETZ

PLEASE LIST YOUR TALENTS, HOBBIES, CLUBS, SCHOOL &
CHURCH ACTIVITIES, HONORS RECEIVED, ETC.

WHY WOULD YOU LIKE TO REPRESENT THE TRIBE AS MISS
SILETZ, JUNIOR MISS SILETZ OR LITTLE MISS SILETZ?

PLEASE SEND APPLICATIONS TO THE CONFEDERATED TRIBES OF
SILETZ, ATTN: POW WOW COMMITTEE, PO BOX 549, SILETZ, OR
97380

Oregon Native American Business Directory

APRIL 1996

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The Oregon Native American Business & Entrepreneurial Network (ONABEN) is in phase one of a new project aimed at networking Native American businesses. The *Native American Business Directory* will help connect Native businesses with one another and assist industries that want to work specifically with the Native American community.

ONABEN receives requests each month for locating minority-owned companies. Although the state provides several minority identification programs, a business must be registered with that program to be listed in those directories. Few Native American businesses are currently registered. There is no charge for Native American-owned businesses to be included in the *Native American Business Directory*. To register, complete the form and return to ONABEN.

Publication of the directory is set for summer of 1996. If you have any questions or need additional information, contact Crystal Baker, Directory Coordinator: at (800) 854-8289.

OREGON NATIVE AMERICAN BUSINESS ENTREPRENEURIAL NETWORK

520 S.W. Sixth Avenue, Suite 914
Portland, Oregon 97204

OREGON NATIVE AMERICAN BUSINESS DIRECTORY

For Immediate Release PRESS RELEASE "A"

Friday, February 16, 1996

Contact: Audrey Campbell
Operations Coordinator
(503) 243-5015

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Complete the form below and return to:
ONABEN
PO Box 40849
Portland, OR 97240-0849

Name of Business: _____

Name of Owner(s): _____

Tribal Affiliation: _____

Form of Ownership: ☐ Sole Proprietor ☐ Partnership ☐ Corporation: _____

% Indian Ownership: _____

Date of Opening: _____

SIC: _____

Is this business home-based? ☐ Yes ☐ No

Mailing Address: _____

Street Address (if different): _____

Phone: _____

Fax: _____

Cell/Pager: _____

E-mail: _____

Description of your business: _____

Category you would like to be listed under: _____

% Indian Ownership: What percentage of this company is Native American-owned?

SIC: Standard Industrial Classification as listed on your IRS Schedule C.

Description of Your Business: What products and services do you sell? What is your market area?

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