

## INSTRUCTIONS FOR COMPLETION OF FORM BIA 4432

### **Instructions to Applicants (Form BIA-4432):**

It is the responsibility of the individual establishing evidence of entitlement to Indian preference in employment to submit as much background information as possible to verify eligibility for preference.

### **Category A:**

If you are a member of a Federally -recognized tribe, you may contact either your tribe or the BIA Agency Office servicing your tribe for completion of this category. One of the following procedures will apply and you will be advised by the BIA or your tribal representative:

- If the Bureau maintains the tribal enrollment records or has a copy of a current tribal roll in its custody, the Bureau verification and signature is sufficient;
- If your tribe has contracted the maintenance of tribal enrollment records, and the tribe certifies, then the verification must be countersigned by authorized Tribal representative(s);
- The absence of “638” contract of the tribal enrollment records, and the tribe certifies, the verification must be countersigned by authorized Bureau representative.

### **Category B, C, and D:**

If you are claiming preference based on any of these categories, you should provide as much information as possible regarding your family history. This will be the only information which the Bureau will have to certify to your descendancy.

### **Instructions to the Division of Tribal Government Services:**

This form has been designed for verification that an individual is entitled to preference in employment. If the applicant does not meet the tribal enrollment criteria, the form should not be completed. Upon verification by Area Director, Superintendent, or designed BIA Representative, the individual will be entitled to preference in employment.

### **Instructions to the Personnel Office:**

Receipt of this properly verified form, together with OF-612, “Optional Application for Federal Employment” entitles an applicant to preference in employment.

VERIFICATION OF INDIAN PREFERENCE FOR EMPLOYMENT  
IN BUREAU OF INDIAN AFFAIRS AND INDIAN HEALTH SERVICE ONLY

To establish eligibility for Indian preference for employment with BIA/HIS. Complete one of the  
Categories below and submit with your OF-612, Option Application for federal Employment.

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Category A MEMBERS OF FEDERALLY RECOGNIZED INDIAN TRIBES, BANDS FOR COMMUNITIES

This is to certify that the person named below is a member of tribe indicated:

\_\_\_\_\_

Full Name	Date of Birth	Tribal Affiliation
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I certify that the above information was taken from the official membership records of the  
\_\_\_\_\_ Tribe and acknowledge that falsification and misrepresentation of this  
information is punishable under Federal Law.

\_\_\_\_\_ OR \_\_\_\_\_

Tribal Representative	Date	BIA Representative	Date
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\_\_\_\_\_ Title \_\_\_\_\_ Title

\_\_\_\_\_ Agency Name

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Category B DESCENDANTS OF MEMBERS OF FEDERALLY RECOGNIZED INDIAN TRIBES, BANDS  
OR COMMUNITIES WHO WERE RESIDING ON ANY INDIAN RESERVATION ON JUNE  
1, 1934

This is to certify that the person named below as established to my satisfaction that he/she is a  
Descendant of an enrolled member of the tribe named below and that he/she was living on an Indian  
Reservation on June 1, 1934. The applicant's family history is outlined on the attached family history  
chart:

\_\_\_\_\_

Name of Individual	Date of Birth	Reservation of Residence on June 1, 1934
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\_\_\_\_\_ Ancestor \_\_\_\_\_ Tribal Record of Affiliation

\_\_\_\_\_ Date \_\_\_\_\_ BIA Representative

\_\_\_\_\_ Title

\_\_\_\_\_ Agency Name

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Category  
C

PERSONS WHO POSSESS AT LEAST ONE-HALF DEGREE INDIAN BLOOD DERIVED FROM TRIBES INDIGENOUS TO THE UNITED STATES:

This is to certify that I have reviewed the documentation to support the below listed individual's claim to the possession of at least one-half degree Indian blood. The attached family history chart outlines the individual's family history:

_____	_____	_____
Name	Date of Birth	Degree of Blood and Tribal Derivation
Based On:		
_____	_____	_____
	BIA Representative	Date
_____	_____	_____
	Title	
_____	_____	_____
Name Records	Agency	

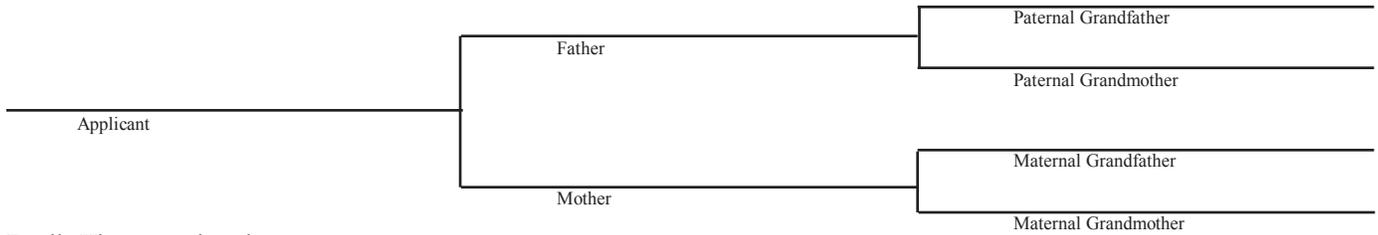
Category  
D

PERSONS OF ESKIMO OR OTHER ABORIGINAL PEOPLES OF ALASKAN DESCENT:

This is to certify that the person names below has been established to my satisfaction that he is qualified for Indian preference because of his possession of Eskimo or other aboriginal peoples' blood of Alaska. The attached family history charts outlines the individual's family history.

_____	_____	_____
Name	Date of Birth	Alaska Native Group
	_____	_____
	Record on Which Based	
	_____	_____
	BIA Representative	Date
	_____	_____
	Title	
	_____	_____
	Agency	

FAMILY HISTORY  
for Categories B, C, and D



Family History continuation:

