

We consider applicants for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status, with the exception that according to Title VII of the 1984 Civil Rights Act, Section 701 (B) and 703 (I) preference in filing will be given to qualified American Indian candidates.

	(Please Print)		
Position(s) Applied for		Date of Application	1
How did you learn about us? □ Advertisement □ Friend □ Employment Agency □ Relative	□ Walk-In □ Other		
Personal Information			
Last Name:	First Name:	Middle Name	
Address Number Street	City	State	Zip code
Telephone Number(s)		Social Security Nu	mber
If you are under 18 years of age, can you proof of your eligibility to work? Have you ever filed an application with the Are you currently employed? May we contact your present employer Are you claiming Indian Preference? Documentation must be attached are you prevented from lawfully become country because of VISA or Immigration proof of citizenship or immigration state. On what date would you be available for the Are you available to work: Full Time Are you currently on "Lay-Off" status and the status of the proof	us before? If yes, give ? ning employed in this on Status? tus will be required upon employment or work? e Part Time Shift Work	date Yes N Yes N Yes N Yes N Yes N Yes N	 lo lo lo
Can you travel if a job requires it? Have you ever had any job related mili If yes, please describe Have you been convicted of a felony w Conviction will not necessarily disqual. If Yes, explain	tary training? ithin the last 7 years? ify an applicant from employment	☐ Yes ☐ N	lo
Are you physically or otherwise unable for which you are applying?	to perform the duties of the jo	ob □ Yes □ N	— о

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	Dates E	mployed	Work Performed
	From	То	
Address			
Telephone Number(s)	Hourly Ra	te/Salary	
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates E	mployed	Work Performed
	From	То	
Address			
Telephone Number(s)	Hourly Ra	te/Salary	
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates E	mployed	Work Performed
	From	То	
Address			
Telephone Number(s)	Hourly Ra	te/Salary	
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates E	mployed	Work Performed
	From	То	
Address			
Telephone Number(s)	Hourly Ra	te/Salary	
	Starting	Final	
Job Title			
Reason for Leaving			

If you need additional space, please continue on the back of this form.

Special Skills and Qualifications

Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills, and extracurricular activities Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

List professional, trade, business or civic activities and offices held: You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status	
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References

	me, address and telephone number of three references that are not related to you and are not s employers.
1.	
2.	
3.	

Statement

The information I am presenting in this application is true and correct to the best of my knowledge, and I understand that any false statement, misrepresentation, or omission, shall be sufficient cause for rejection or dismissal in the event I am employed by the Tribe. I understand and agree that, if hired, I will conform to the rules and regulations of the Tribe, and further agree that my employment is for no definite period and I have the right to terminate my employment at any time, for any reason, or no reason, and the Tribe retains a simple right regarding the discontinuation of my employment. The Tribe, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, and previous employers to release any information concerning my background. I understand any offer of employment is contingent on my successful completion of a drug screening test.

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Date Agreed	Signature		
Emergency Contact		Ц	
Emergency Contact			
Emergency Contact Name	Relationship		
	Dhana #		