

**EMPLOYMENT
APPLICATION**



date: _____

POSITION: _____ SSN: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

STREET ADDRESS: _____ HOME PHONE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ARE YOU A NATIVE AMERICAN FROM A FEDERALLY RECOGNIZED TRIBE WITH PROPER DOCUMENTATION?
IF YES, WHICH TRIBE? _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? _____ If yes, when? _____

PREFERRED JOB STATUS: (circle one) FULL TIME/PART-TIME/ONCALL

DATE AVAILABLE FOR EMPLOYMENT: _____

EXPLAIN ANY OTHER SCHEDULE OR SHIFT LIMITATIONS: _____

PRINT YOUR EMPLOYMENT HISTORY WITH MOST RECENT FIRST—AT LEAST 10 YEARS
If you write "SEE RESUME" - We WILL NOT Process This Application.

EMPLOYER: _____ JOB TITLE: _____
ADDRESS: _____ TELEPHONE: _____
SUPERVISOR AND TITLE: _____ START WAGES: _____ END WAGES: _____
DUTIES: _____
FROM: _____ TO: _____ Reason you left? _____

EMPLOYER: _____ JOB TITLE: _____
ADDRESS: _____ TELEPHONE: _____
SUPERVISOR AND TITLE: _____ START WAGES: _____ END WAGES: _____
DUTIES: _____
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SKILLS AND QUALIFICATIONS – Include any job skills, experience, licenses, languages, etc.

<u>EDUCATION</u> List any colleges attended	YEARS COMPLETED	DID YOU GRADUATE?	Course of Study and/or Degree

REFERENCES – ****THIS APPLICATION WILL NOT BE PROCESSED IF REFERENCES ARE LEFT BLANK****

NAME	TELEPHONE #	YEARS KNOWN

READ THE FOLLOWING NOTICE CAREFULLY BEFORE SIGNING THIS APPLICATION

I agree and understand that if my job requires any type of work card, certificate or license I will produce these at the time of my in-processing (TAM card, drivers license, health card, immigration status, etc.). I will also provide two forms of identification at time of in-processing.

This application is current for 180 days. Only the most qualified candidates are selected for a job interview. If you are interviewed, you will be notified in writing within 30 days if you have not been selected for employment. If you have any changes to your address or qualifications, please come in and update your job application.

The Las Vegas Paiute Tribe is an AT-WILL employer.

BY SIGNING BELOW I AGREE TO AND THAT I UNDERSTAND THE TERMS IN THIS APPLICATION.

SIGN/DATE: _____

CONDITION OF EMPLOYMENT AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

As a condition of employment, the Las Vegas Paiute Tribe requires and pays for a background investigation. PERSONAL INFORMATION MUST BE ENTERED ON THIS PAGE TO CONDUCT AN INVESTIGATION. THIS PAGE IS REMOVED FROM APPLICATION AND KEPT BY HUMAN RESOURCES. THE FIRST TWO PAGES ARE FORWARDED TO THE APPROPRIATE DEPARTMENT.

COMPLETE NAME (include Aliases and middle name): _____

SSN #: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE # AND STATE ISSUED: _____

LIST YOUR TWO MOST PREVIOUS ADDRESSES (INCLUDE COUNTY):

Have you been convicted of any crime in the last 10 years? SUCH CONVICTION MAY BE RELEVANT, IF JOB RELATED, BUT DOES NOT BAR YOU FROM EMPLOYMENT. HOWEVER, FAILING TO DISCLOSE A CONVICTION WILL AUTOMATICALLY BAR YOU FROM EMPLOYMENT.

YES: _____ EXPLAIN: _____

NO: _____

As a condition of employment, the Las Vegas Paiute Tribe requires and pays for a screening test for illegal drug use. If asked to take such an examination, YOU AGREE TO DO SO WITHIN 24 hours of notification.

I declare that I agree and accept the above conditions of employment and that my answers to the questions on this form are true and complete to the best of my knowledge. **I understand that any statement later discovered to be false may be cause for discharge if I am hired.** I hereby authorize investigation of all statements made and waive claims against all parties for damages which might be collected by reason of such inquiry. **I also understand that an offer of employment, whether written or implied, does not constitute employment until all above terms and conditions are met and approved by the Las Vegas Paiute Tribe Human Resource Department.**

****Sign and Date below to Authorize the Las Vegas Paiute Tribe to conduct a background investigation****

HUMAN RESOURCES USE ONLY

Job Title: _____	Reqst Recvd from dept: _____
BACKGROUND SUBMITTED TO AGENCY: _____	
BACKGROUND RECEIVED FROM AGENCY: _____	
DRUG TEST RESULTS: _____	