

WALKER RIVER PAIUTE TRIBE - HUMAN RESOURCES DEPARTMENT



P.O. BOX 220
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Human Resources Use Only	
<input type="checkbox"/>	Drivers License
<input type="checkbox"/>	Tribal Enrollment
<input type="checkbox"/>	Veterans Preference
RECEIVED	

EMPLOYMENT APPLICATION

PLEASE PRINT IN BLUE/BLACK INK OR TYPE. *Incomplete applications will not be considered.*

Position(s) Applied For: _____ Application Date _____

Name: _____ Social Security Number: _____
 Mailing Address: _____ City, State, Zip: _____
 Telephone #: _____ Other Phone #: _____ Date available for work? _____
 Do you currently have a valid driver's license?...Yes No State/#: _____
 Are you over 18 years of age?.....Yes No Are you over 21 years of age?.....Yes No
 Are you legally entitled to work in the United State? Yes No
 If an offer of employment is made prior to your commencement of employment duties, are you willing to submit to alcohol/drug testing? Yes No
 Have you ever been convicted of a misdemeanor, gross misdemeanor or felony (excluding juvenile adjudication)?
 Yes No *(Such convictions may be relevant if job related, but does not necessarily bar you from employment. Please explain below)*

EDUCATION: Circle highest grade completed: 7 8 9 10 11 12 / 13 14 15 16 / 17 18 19 20

School	Name/Address of School	Graduated		Dates Attended From / To	Diploma/Degree Diploma / GED (circle one)	Major/Minor
		Yes	No			
High School				Graduation Date:		
College						
Trade/Business						
Other						

EMPLOYMENT HISTORY: MUST BE DETAILED AND ACCURATE FOR CONSIDERATION.

List your employment for the last seven (7) years, beginning with most recent. Referral to resumes or other submitted documents is not acceptable. **Resumes may be submitted as additional information only.

1. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ Name of immediate supervisor: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

May we contact now? Yes No

2. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ Name of immediate supervisor: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

3. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ Name of immediate supervisor: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

4. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ Name of immediate supervisor: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

5. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ Name of immediate supervisor: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

Explain any gaps in employment history: _____

List any additional information you would like us to consider. _____

CERTIFICATES / LICENSES: (Please attach copy)

- CPR EMT Electrician Maintenance
 Welder Superintendent Cement Mason Heavy Equipment Operator
 Drywall Grade Setter Carpenter Carpet/Tile Installer
 Laborer Iron Worker Landscaper Truck Driver
 Painter Roofer Plumber Certified Flagger
 Other: _____

VETERANS PREFERENCE:

Have you ever served in the United States Military?.....Yes No

If yes, do you claim Veterans Preference Points?.....Yes No

If yes, please attach a copy (non-returnable) of your DD-214 demonstrating proof of eligibility.

NATIVE AMERICAN PREFERENCE:

Are you Native American?.....Yes No

If yes, Tribe: _____ Enrollment Number: _____

If yes, please attach a copy of your membership card for verification purposes.

REFERENCES: List three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

NAME AND ADDRESS (Include state & zip code)	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

APPLICANT'S STATEMENT

I certify that all answers given herein are true and complete to the best of my knowledge. I understand the employer is relying upon all representation, both written and oral, which I made during the entire process of applying for employment with the Walker River Paiute Tribe to be accurate.

I understand this application is not intended to be a contract of employment. Furthermore, I understand that during my probationary period, I am free to resign at any time and the employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

In the event of employment, I understand that if I make any false statements, misrepresentations, or omissions in this application process that I may be discharged at any time during my employment and I agree to hold the employer and person named herein harmless in that event. I also understand, that I am required to abide by all rules, regulations, and the Personnel Policy & Procedures of the Walker River Paiute Tribe.

Applicant Signature

Date Signed

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

In connection with this application, I authorize investigation of all statements contained in the Employment Application with Tribal, Federal and State law enforcement agencies, former employers and any other persons or agencies deemed necessary in arriving at an employment decision upon presentation of this waiver, or a photocopy of this waiver, whether in person, by mail, fax, or other method of conveyance.

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original of my signature.

Examples of types of information I am requesting that you provide include information you may have concerning my qualifications and suitability and any other significant information related to job performance.

I hereby authorize the Walker River Paiute Tribe and any agent acting on its behalf, to conduct an inquiry into any information related to my potential or continued employment with the Tribe and authorize the release of any such information, including, but not limited to, any criminal conviction on my record. Moreover, I hereby release the Walker River Paiute Tribe and any agent acting on its behalf from any liability by reason of requesting such information from any person.

Full Name (Print)

Social Security #

Signature/Authorization

Date Signed