

# Pinoleville Pomo Nation

## Application for Employment

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
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

### Personal Information

Last Name:	First Name:	Middle Name:			
Address	Number	Street	City	State	Zip code
Telephone Number(s)				Social Security Number	

- If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No
- Have you ever filed an application with us before?  Yes  No  
 If yes, give date \_\_\_\_\_
- Are you currently employed?  Yes  No
- May we contact your present employer?  Yes  No
- Are you claiming Indian Preference?  Yes  No  
*Documentation must be attached*
- Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*
- On what date would you be available for work? \_\_\_\_\_
- Are you available to work:  Full Time  Part Time  Shift Work  Temporary
- Are you currently on "Lay-Off" status and subject to recall?  Yes  No
- Can you travel if a job requires it?  Yes  No
- Have you ever had any job related military training?  Yes  No  
 If yes, please describe \_\_\_\_\_
- Have you been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment*  
 If Yes, explain \_\_\_\_\_
- Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

# Employment Experience

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

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
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Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/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

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## 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

Give name, address and telephone number of three references that are not related to you and are not previous 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_