



APPLICATION FOR EMPLOYMENT

Type or print with black or blue ink

Today's Date

PERSONAL INFORMATION

First Name Middle Name Last Name
Home Address City State Zip Code
Phone Home Cell Work
DOB (MM/DD/YYYY) Tribal Affiliation: Roll #: Addl Tribal Affiliations:

Add Ethnicity: Latino Asian/pacific Islander African American Caucasian Other:

Emergency Contact (If younger than 18 years old please use your parent(s) or Legal Guardian contact information)

First Name Last Name Relationship
Home phone Mobile phone Email

YOUR BACKGROUND

Education & Employment

Education:

Name of current employer:

Skills & Work experience:

Name of Previous employer:

Skills & Work experience:

YOUR AVAILABILITY

Days (Indicate days and times):

What type of employment are you looking for? Full-Time Part-Time

What dates are you available to work? From To

How many hours a week are you available?

YOUR INTERESTS

INTERESTS (CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> Native Plants | <input type="checkbox"/> Elders' Breakfast |
| <input type="checkbox"/> Music | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Cultural/Environmental | <input type="checkbox"/> Education |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Youth: <input type="text"/> |
| <input type="checkbox"/> Food/Nutrition | <input type="checkbox"/> Other: <input type="text"/> |

Do you have any special skills or hobbies?

QUESTIONNAIRE

Have you ever used or been known by any other name?

Yes No

Have you ever been convicted of a felony?

Yes No

Have you ever been dismissed from any other employment or volunteer program?

Yes No

If you answered "yes" to any of the above questions, please explain below.

(Please note that a "yes" answer to any of the above questions may not necessarily exclude you from employment. The information gathered is confidential and strictly used to access protection of our citizens/clients.)

Conviction does not automatically disqualify you from participating as a volunteer. The nature of the offenses, how long ago it occurred, and relationship to this employment opportunity, are given consideration.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements checked by the organization. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration to employee may result in my immediate termination, even if discovered at a later date.

I attest that I have not been party to an unethical or conflicting action that has not been previously disclosed. I also agree to report any potential future conflicts of interest or observed unethical activity to the appropriate parties.

Applicant's Signature

Date

ADMINISTRATION USE ONLY

Employee Position: _____

Start Date: _____ End Date: _____

Will applicant work with children: Yes No

Department: _____

Will applicant handle currency: Yes No

Reporting Supervisor: _____

Other:

1. Job Description: _____

2. Review Feedback: _____

3. _____