



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the San Carlos Apache Tribe? YES NO If yes, when? _____

Have you ever worked for the San Carlos Housing Authority? YES NO If yes, when? _____

Are you claiming Indian Preference? YES NO If yes, Tribal Affiliation and Enrollment No.? _____

Is any immediate family member employed with the San Carlos Housing Authority? (husband, wife, brother, sister, father, mother, son, or daughter) YES NO If yes, give name and relation? _____

Do you speak Apache fluently? YES NO If no, do you understand Apache? Fair Good Excellent

Have you ever been convicted of a felony? (A conviction will not necessarily bar you from employment. It will be based on its own merits with considerations.) YES NO If yes, explain. Use additional pages if needed. _____

Do you have a valid driver's license? (Issuing state, license number, issue date, and expiration date) YES NO If yes, provide license data. _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Additional Information

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills and qualifications from employment or other experiences.

Emergency Contact

Name: _____ Phone: _____

References

Please list three professional references. (Persons whom have known you for at least one year and not related to you.)

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Previous Employment

Company: _____	Phone: _____	
Address: _____	Supervisor: _____	
Job Title: _____	Starting Salary: \$ _____	Ending Salary: \$ _____
Responsibilities: _____		
From: _____	To: _____	Reason for Leaving: _____
May we contact your previous supervisor for a reference?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company: _____	Phone: _____	
Address: _____	Supervisor: _____	
Job Title: _____	Starting Salary: \$ _____	Ending Salary: \$ _____
Responsibilities: _____		
From: _____	To: _____	Reason for Leaving: _____
May we contact your previous supervisor for a reference?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company: _____	Phone: _____	
Address: _____	Supervisor: _____	
Job Title: _____	Starting Salary: \$ _____	Ending Salary: \$ _____
Responsibilities: _____		
From: _____	To: _____	Reason for Leaving: _____
May we contact your previous supervisor for a reference?		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Military Service

Branch: _____	From: _____	To: _____
Rank at Discharge: _____	Type of Discharge: _____	
If other than honorable, explain: _____		

Disclaimer and Signature

I certify that answers given herein are true and complete to the best of my knowledge and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment if hired.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that if hired, I may be required to undergo a physical examination, have a photograph taken, and drug and alcohol test, the examination and test will be performed at the employer's expense, by the employer's representative.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing information about me.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____	Date: _____
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