



TULE RIVER TRIBAL ADMINISTRATION

TULE RIVER INDIAN RESERVATION

EMPLOYMENT APPLICATION

APPLICATION MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED

Print Clearly and Legibly

Date: _____

Name: _____
Last First (MI)

Address: _____
(Number & Street, City, State, Zip)

Telephone Home: _____ Work: _____ Cell: _____

Email (Optional): _____

Employment Desired

Position applying for: _____ Department: _____ Salary desired: _____

Are you available for work on weekends? Yes No

Would you be available for overtime, if necessary? Yes No

If hired, on what day can you start work? / /

Education and Training (Use additional sheet(s) if necessary. Attach a copy of the certificate/diploma from each school.)

School	Name and Address	No. of years Completed	Did you Graduate?	Degree Or Diploma
High School	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			
College/ University	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			
Vocational/ Business	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			
Other	Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address			
	City State Zip			

Our organization relies heavily on the use of computers. Regardless of the type of position for which you are applying, please indicate your level of competence by checking the appropriate box.		Expert	Competent	Some Experience	No Experience	Application Used
	Word Processing					
	Spreadsheet					
	Database					
	Email					
	Internet/Web					
	Graphics					

Education and Training

Clerical and Secretarial Applicants only:

Typing Speed: WPM

Experience:

All applicants please provide the following information and indicate the skills you possess **only** if they are a requirement of the position for which you are applying:

Driver's License Number: _____ State: _____ Class: _____

Valid Yes No

Suspended / Revoked Yes No

Restricted Yes No

(If Suspended/Revoked or Restricted, list date and reason)

Languages you speak, read, or write fluently in addition to English:

Are you licensed/certified for the job applied for if listed as requirement on job announcement? Yes No

If yes, describe:

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work for the Tule River Tribe? Yes No

If yes, please explain;

Personal Information

Have you ever applied to or worked for the Tule River Tribal Council Administration, which includes Eagle Mountain Casino (EMC), Tule River Tribe Gaming Commission (TRTGC), Eagle Feather Trading Post 1 or 2 (EFTP), or any other division/branch of the Tule River Tribal Council Administration before? Yes No

If yes, for which corporation and when?

Do you have friends or relatives working for the Tule River Tribal Council, EMC or EFTP? Yes No

If yes, state name, relationship and corporation:

Name _____ Relationship _____ Department _____

Name _____ Relationship _____ Department _____

(If more space is needed, please provide an additional sheet)

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed:

Have you **ever** been convicted of a criminal offense? (Conviction for a criminal offense does not necessarily prevent you from being considered for employment.) Yes No

If yes, state the crime (by code section if known), when and where convicted, and disposition of the case: (attach additional sheet if necessary)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Tribal Affiliation Yes No

If yes;

Name of Tribe: _____ Enrollment Number: _____

(Provide proof of Tribal Membership and/or Tribal Affiliation)

Employment History

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment.

You must complete this section even if attaching a resume.

Name of Employer	Dates of Employment: _____ From To
Type of Business/Department (Position Held)	Your Supervisor's Name ()
Street Address	Telephone No.
City State Zip	Monthly Pay: _____ Starting Ending
Your Duties _____	Your Reason for Leaving: _____
	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer	Dates of Employment: _____ From To
Type of Business/Department (Position Held)	Your Supervisor's Name ()
Street Address	Telephone No.
City State Zip	Monthly Pay: _____ Starting Ending
Your Duties _____	Your Reason for Leaving: _____
	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer	Dates of Employment: _____ From To
Type of Business /Department (Position Held)	Your Supervisor's Name ()
Street Address	Telephone No.
City State Zip	Monthly Pay: _____ Starting Ending
Your Duties _____	Your Reason for Leaving: _____
	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Employer	Dates of Employment: _____ From To
Type of Business/Department (Position Held)	Your Supervisor's Name ()
Street Address	Telephone No.
City State Zip	Monthly Pay: _____ Starting Ending
Your Duties _____	Your Reason for Leaving: _____
	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed and/or approve the information in this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the Tule River Tribal Council Administration to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment. I further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Tule River Tribe, Tule River Tribal Council, Tule River Tribal Administration, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Tule River Tribe. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ Date

_____ Applicant's Signature

Employment Data

To be completed by applicant:

Completion of this section is entirely voluntary and used for statistical data only. All information will remain confidential and will not affect your application for employment.

Name: _____

SS#: _____

Position Applied for: _____

Department: _____

Sex: Male Female

Race/Ethnicity: American Indian/Alaskan Native
 Asian/Pacific Islander
 African American
 Hispanic
 Caucasian
 Enrolled Tule River Tribal Member
 Enrolled other Tribal Member

Enrollment #: _____
Enrollment # _____

Method of referral for employment at the Tule River Tribe:

- | | |
|---|---|
| <input type="checkbox"/> Tule River Tribal Employee | <input type="checkbox"/> Eagle Mountain Casino employee |
| <input type="checkbox"/> Newspaper advertisement | <input type="checkbox"/> Job Announcement |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Other: _____ | |