

APPLICATION FOR EMPLOYMENT SAN CARLOS APACHE TRIBAL HUMAN RESOURCES DEPARTMENT THE SAN CARLOS APACHE TRIBE

P. O. BOX 0 SAN CARLOS, ARIZONA 85550

Print Clearly			Announcement No.			
TITLE OR POSITION FOR WHICH YOU ARE APPLYING:			7. DATE OF BIRTH			
2. LAST NAME FIRST MIDDLE			8. SOCIAL SECURITY NUMBER			
3. MAILING ADDRESS:			9. AUTHORITY TO WORK IN THE U.S.:			
			[] U.S. CITIZEN [] ALIEN WORK PERMIT NUMBER:			
			10. MILITARY SERVICE: ARE YOU A VETERAN? [] YES [] NO			
CHECK THE APPROPRIATE BOX	YES	NO		ES ES AND BRAN	[]NO CH OF SER	VICE.
ARE YOU NOW WORKING FOR THE SAN CARLOS APACHE TRIBE?	120	110	D/(IL	- O 7 (14D D) (7 (14)	OTT OF OLIV	WIGE.
ARE YOU CLAIMING INDIAN PREFERENCE? INDIAN TRIBE AND ENROLLMENT NUMBER:			11. NAME AND PHONE NUMBER OF PERSONS TO CONTACT REGARDING EMPLOYMENT:			
6. CAN YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? SPECIFY:						
12. EDUCATION AND TRAINING HISTORY (SUBJECT TO VERIFICATION	ON BY PERSON	NNEL): TRANS	CRIPTS OR CERTIF			
NAME AND ADDRESSES OF SCHOOLS ATTENDED		DATES A			DATE OF GRAD	CURRICULUM/ SUBJECTS STUDIED
HIGH SCHOOL OR GED						
COLLEGE OR UNIVERSITY						
13. NAME OFFICE OR SHOP MACHINES, TOOLS, EQUIPMENT YOU CAN SET UP AND SAFELY OPERATE.						
14. OFFICE SKILLS: SHORTHAND: TYPING:						
WPM WPM						
15. HAVE YOU EVER BEEN CONVICTED FOR ANY CRIME?NOYES. ARE YOU CURRENTLY UNDER CHARGES FOR ANY CRIME IN ANY COURT?NOYES (EXPLAIN. Include month and year):						
1. 2.			- 3. 4.			
16. IF YOU ARE APPLYING FOR A JOB WHICH REQUIRES A DRIVERS LICENSE:						
LICENSE NUMBER:			CLASS:	ST.	ΔΤΕ.	EXPIRES
LICENSE NUMBER: CLASS: STATE: EXPIRES 17. REFERENCES: PLEASE LIST TWO PEOPLE NOT RELATED TO YOU, WHO KNOW YOUR QUALIFICATIONS AND FITNESS FOR THE JOB YOU ARE APPLYING FOR. DO NOT USE SUPERVISORS						
LISTED UNDER EMPLOYMENT HISTORY. FULL NAME REFERENCE PRESENT BUSINESS OR HOME ADD			RESS TE	LEPHONE NUMB	ER BUS	SINESS OR OCCUPATION
18. HAVE YOU EVER BEEN FIRED FROM A JOB? NO YES F	PLEASE EX	KPLAIN	ı		ı	

EMPLOYMENT HISTORY: LIST YOUR PAST WORK RECORDS, INCLUDE ANY INTERUPTIONS IN YOUR WORK HISTORY SUCH AS SCHOOL. LENGTHY PERIODS OF UNEMPLOYMENT, SABBATICALS, ETC., INCLUDE SELF EMPLOYMENT AND U.S. MILITARY SERVICE. START WITH PRESENT OR LAST POSITION.

19. NAME OF EMPLOYER:	DATES OF EMPLOYMENT										
ADDRESS:	FROM (MONTH AND YEAR):										
NAME / TITLE OF SUPERVISOR:	TO (MONTH AND YEAR):										
YOUR TITLE:	DUR TITLE: HOURS PER WEEK:										
DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED											
REASONS FOR WANTING TO LEAVE:											
20. NAME OF EMPLOYER:	DATES OF EMPLOYMENT										
ADDRESS:	FROM (MONTH AND YEAR):										
NAME / TITLE OF SUPERVISOR:	TO (MONTH AND YEAR):										
YOUR TITLE:	HOURS PER WEEK:										
DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED											
REASONS FOR WANTING TO LEAVE:											
21. NAME OF EMPLOYER:	DATES OF EMPLOYMENT										
ADDRESS:	FROM (MONTH AND YEAR):										
NAME / TITLE OF SUPERVISOR:	TO (MONTH AND YEAR):										
YOUR TITLE:	HOURS PER WEEK:										
DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED											
REASONS FOR WANTING TO LEAVE:											
CONDITIONS	DE EMDI OVMENT										
(Please read carefully before signing) In submitting an application, I understand that false statements may be grounds for not hiring me or for firing me after I begin work. If I am											
					employed I assure the San Carlos Apache Tribe that I am bondable (for positions which require employees to be bonded). I authorize the San Carlos Apache Tribe to investigate all statements on this application and releases from all liability all persons, corporations, schools, or other organizations furnishing information. I further understand that, if employed on a permanent basis, I will be subject to a probationary						
period as specified in the Tribal Human Resources Policies and Procedures. Incomplete applications will not be considered.											
SIGNATURE OF APPLICANT	DATE										