

## Duckwater Shoshone Tribe

PO Box 140068 • Duckwater, NV 89314 • (775)863-0227 • Fax (775)863-0301

### APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NO./STATE ISSUED

#### GENERAL INFORMATION

NAME      LAST                      FIRST                      MI	Street Address, City State and Zip Code
	203 Newe St. Duckwater, NV. 89314
Home Phone No.      (    ) N/A	If you are employed by Duckwater, list title
Secondary Phone No. (775)	

#### EDUCATION AND TRAINING (Attach additional sheets if necessary)

CIRCLE HIGHEST GRADE COMPLETED 7 8 9 10 11 12 13 14 15 16 17 18 19 20 _____ (Specify)						
High School/Location	Did you graduate?	If not, do you have a GED or High School Proficiency Certificate?				
Names of Colleges/Universities Attended and addresses	Dates Attended	Course of Study/Major	Credit Hours Completed	Date Degree Awarded	Type of Degree Received	

Other Relevant Courses and Training	Name and Location of Institutions	Length of Course	Dates/Degree Awarded	Type of Degree Received

Professional License or Certificates (if required for position) List Title	State	Serial No.	Date Issued	Expiration Date

List Languages (other than English) in which you are fluent:

Do you have computer skills, if so describe programs you are familiar with:	Typing Speed	Short Hand Speed
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**EMPLOYMENT HISTORY-** You may attach resume but do not substitute in lieu of completing this section. List your work record, beginning with your most recent experience. Include volunteer and U.S. Military Service. Describe the work you did completely as possible. Explain gaps between periods. If more space is needed, attach additional sheets prepared in the same format. **DO NOT WRITE "ATTACHED OR SEE RESUME" INSTEAD OF COMPLETING THIS FORM, AS THIS MAY RESULT IN DISQUALIFICATION OF APPLICATION.**

To/From	Employer (Business or Agency Name)	Job Title	Name of Supervisor	Phone No.
Hours per week	Salary \$ Per	Address (Street No., City, State and Zip)		No. of Employees you supervised
Duties				
Reason for Leaving			May we contact this employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Name and address of person to be notified in case of emergency

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

