



Duckwater Shoshone Tribe

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

APPLICATION FOR EMPLOYMENT

Position Applying For: _____ Date: _____

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Is your mailing address the same as your street address? Yes No (if it is not please enter your mailing address below)

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security Number: _____

If you possess a valid driver's license, complete the following:

Driver's License #: _____ State: _____ Class: _____ Expiration Date: _____

Are you presently eligible to work in the United States? Yes No

(Applicants will be required to furnish proof of identity and legal right to work in the United States)

Are you 18 years of age or older? Yes No

TRIBAL EMPLOYMENT EXPERIENCE:

Are you or were you previously employed by a Native American Tribe? Yes No

Current Employee Former Employee Never been employed by a Native American Tribe.

If yes, please complete the following: Attach additional sheets as necessary.

Date employed from: _____ To: _____ Job Title: _____

Tribe name: _____ Division/Dept: _____

Date employed from: _____ To: _____ Job Title: _____

Tribe name: _____ Division/Dept: _____

EDUCATION:

Highest Grade Completed: 7 8 9 10 11 12 College: 1 2 3 4 5 6 +

High School Attended: _____ City/State: _____

Do you possess? High School Diploma G.E.D. Certificate High School Proficiency

List of education: Colleges, Junior Colleges, Universities, Technical/Vocational School

Name: _____

Location: _____ Credit Hours: _____ Did you graduate? Yes No

Degree Received: _____ Major Subject(s): _____

List of education: Colleges, Junior Colleges, Universities, Technical/Vocational School

Name: _____

Location: _____ Credit Hours: _____ Did you graduate? Yes No

Degree Received: _____ Major Subject(s): _____

List any other training, license, registration, certification, professional membership, skill, aptitude, and qualifications which you feel are job related to the type of employment you are seeking with the Duckwater Shoshone Tribe. In order to receive credit for short courses such as software, leadership courts, etc., please provide copies of certificates and diplomas.

Are you proficient in a language other than English? Yes No If yes, complete the following:

Languages	Can Speak / Understand?	Can Translate?	Can Read?	Can Write?
	<input type="radio"/> Fluently <input type="radio"/> Passably	<input type="radio"/> Into English <input type="radio"/> From English	<input type="radio"/> Easily <input type="radio"/> With Difficulty	<input type="radio"/> Easily <input type="radio"/> With Difficulty
	<input type="radio"/> Fluently <input type="radio"/> Passably	<input type="radio"/> Into English <input type="radio"/> From English	<input type="radio"/> Easily <input type="radio"/> With Difficulty	<input type="radio"/> Easily <input type="radio"/> With Difficulty

SOFTWARE EXPERIENCE AND SKILLS – List the following skills, experience, etc., that you have:

Office Productivity: _____

Have you been fired, terminated, or requested to resign in lieu of termination?

Yes No

(If yes, please identify the name of the employer and explain the circumstances surrounding the severance of your employment relationship) _____

EMPLOYMENT HISTORY:

Beginning with your current or most recent employer (including self-employment experience), list the last 3 years of your job history. List jobs held prior, if they specifically relate to the position you are applying. If more than one position has been held with the same organization list each separately. Attach additional sheets as necessary. **Complete each section: do not indicate to “refer to resume.”**

Current or Last Employer: _____ Phone Number: _____

Address/City/State/Zip: _____

From: _____ To: _____ Check one: Full-Time Part-Time Hours per week: _____

Supervisor's Name: _____ Supervisor's Job Title: _____

Your Title: _____ Starting Salary: _____ Ending Salary: _____

Did you supervise employees? Yes No Number of employees supervised: _____

Duties (be specific): _____

Reason for leaving: _____

Current or Last Employer: _____ Phone Number: _____

Address/City/State/Zip: _____

From: _____ To: _____ Check one: Full-Time Part-Time Hours per week: _____

Supervisor's Name: _____ Supervisor's Job Title: _____

Your Title: _____ Starting Salary: _____ Ending Salary: _____

Did you supervise employees? Yes No Number of employees supervised: _____

Duties (be specific): _____

Reason for leaving: _____

Current or Last Employer: _____ Phone Number: _____

Address/City/State/Zip: _____

From: _____ To: _____ Check one: Full-Time Part-Time Hours per week: _____

Supervisor's Name: _____ Supervisor's Job Title: _____

Your Title: _____ Starting Salary: _____ Ending Salary: _____

Did you supervise employees? Yes No Number of employees supervised: _____

Duties (be specific): _____

Reason for leaving: _____

May we contact all employers or supervisors listed? Yes No

If no, indicate exceptions and explain: _____

This section has been left intentionally blank.

Professional References:

List three (3) people who are not related to you who know your qualifications and fitness for the job which you are applying. *Please note that you must provide current and accurate contact information, email contact preferable.*

<u>Full Name of Reference</u>	<u>Present Business or Email Address</u>	<u>Telephone Number(s)</u>	<u>Business/Occupation</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Personal References:

List three (3) people, local if possible, who are neither related to you nor are previous supervisors or members of the present hiring authority, and who have known you at least three (3) years. Please clearly write the complete address including the city and state and phone number of the person(s) listed below in order to properly contact them. *Email address preferable.*

<u>Full Name of Reference</u>	<u>Address or Email Address</u>	<u>Telephone Number</u>	<u>Years Known</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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

Name: _____ Address: _____ Phone: _____

Please describe why you want this position: _____

Have you ever been CONVICTED of a misdemeanor or felony? Yes No

If yes, please give date, charge, place where convicted, and disposition. Note: A conviction will not necessarily bar you from employment. _____

Veteran Status: Are you a Veteran? Yes No

Are you a Tribally Enrolled Member of a Native American Tribe or Alaskan Native? Yes No

Tribe: _____ Enrollment Number: _____

Please provide a copy of your enrollment/tribal card



DUCKWATER SHOSHONE TRIBE

Signature, Certification and Release of Information

I hereby certify that the facts set forth on this application are true and complete and I understand that any misrepresentation, falsification, or willful omission herein shall be sufficient reason for dismissal or refusal of employment.

I authorize the Duckwater Shoshone Tribe (hereinafter "Tribe"), and any agent acting on its behalf, to conduct an inquiry into any information related to my potential or continued employment with the Tribe and authorize the release of any such information, including but not limited to, any criminal conviction on my record.

I hereby release from liability the Tribe and its agents acting on its behalf for all claims for injury and losses related to the collection and use of such information as may be allowed by law, and all other persons, employers, corporations or organizations for furnishing such information. I recognize that any and all responses to inquiries made by the Tribe and any agents acting on its behalf and any and all verbal or written statements gathered therefrom shall remain solely the property of the Tribe.

I also understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility to work in the United States in compliance with the Immigration Reform and Control Act of 1986, as amended, as a condition of receiving any compensation from the Tribe.

I understand that my initial and/or continued employment with the Tribe is contingent upon successfully passing a mandatory fingerprinting, employment history check, drug test, and criminal background investigation. I understand that the terms of my employment, including working condition, compensation, benefits, hours of work, work schedule, job assignment, and location will be determined and/or changed at the discretion of the Tribe and pursuant to applicable federal, state and tribal law and policies.

I understand that the Duckwater Shoshone Tribe follows the Indian preference in employment decisions. Preference will be considered for qualified Indian Applicants in accordance with the federal regulations implementing Indian preference.

Signature: _____ **Date:** _____

Printed Name: _____



DUCKWATER SHOSHONE TRIBE
 511 Duckwater Falls Road, P.O. Box 140068
 Duckwater, Nevada 89314
 (775) 863-0227 Phone
 (775) 863-0301 Fax

(Applicant, please leave blank for ability to use for ALL previous employment checks)

To: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, am applying for a position with the Duckwater Shoshone Tribe. I hereby authorized the above-named party to release information concerning employment in regard to the questions stated below. This authorization constitutes a full and complete release from any liability resulting from disclosure of such information. The Duckwater Shoshone Tribe Administration has my permission to duplicate this authorization for release of information and use the duplicate to inquire into my employment history listed on my application.

 Signature

 Date

WORK PERFORMANCE QUESTIONS

1. Dates of Employment: _____
2. Position Held: _____
3. Supervisors Name: _____
4. How would you rate his/her work on a scale of 1 to 10, ten being the best and one being the least: 1 2 3 4 5 6 7 8 9 10
5. Ability to work independently: Good Bad Adequate
6. How did he/she work with others: _____
7. What were his/her strengths: _____

8. What were his/her areas in need of development: _____

9. Reason for Termination or Resignation: _____
10. Would you rehire this person: Yes No, if no why: _____

Signed by: _____

Date: _____