



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: _____

Type of appointment Desired: (Check all that apply)

Regular: Part-time Full-time Other: _____

If out-of-town travel is required, would you be willing to travel? Yes No

Will you accept a job that requires you to work weekends? Yes No

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

Name: _____

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

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, from any position in the past 15 years?

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 your work record for the past 15 years. List jobs held prior to the last 15 years 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: _____

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: _____

Did you complete this application yourself? Yes No **If not, who did?** _____

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.

<u>Full Name of Reference</u>	<u>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.

This section has intentionally been left blank



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 is an at-will employer. Employees of the Duckwater Shoshone Tribe or its departments are either unclassified or non-classified personnel. As such, they are **at-will** employees, i.e., working at the pleasure of the Tribe. No implied contract exists pertaining to the continuation of employment with the Tribe. Employment with the Tribe is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause. Similarly, the Tribe may terminate the employment relationship at will at any time, with or without notice or cause.

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 24 CFR 271.44.

Signature: (Do not print): _____ **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: _____

CONFIDENTIAL DATA FORM

Completion of this form is strictly voluntary and the decision not to complete the form will have no effect upon your application for employment.

To comply with Federal, State, and local guidelines in equal employment practices, the Duckwater Shoshone Tribe must gather information and maintain records on application flow, and recruitment sources. Neither this form nor the information you provide will be used for any other purpose not required by Federal, State, and local guidelines.

POSITION APPLYING FOR: _____

Date of birth: _____ **This information is requested solely for the purpose of conducting a background check. The Duckwater Shoshone Tribe does not discriminate in its hiring or employment decisions on the basis of age.**

GENDER: Male Female

AGE over 40?: Yes No

VETERAN STATUS: Are you a Veteran? Yes No

Disabled Veteran? Yes No

Vietnam Era Veteran? Yes No

Desert Storm/Shield Veteran? Yes No

DISABILITY: Anyone with a physical or mental impairment substantially limiting one or more major life activities; has a record of such impairment; or is regarded as having such an impairment, is considered a person with a disability. Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. In terms of employment, the law defines a "qualified individual with a disability" as a person with a disability who can perform the essential functions of the job with or without reasonable accommodation.

Do you need any accommodation with any special needs? Yes No

RACE/ETHNICITY: (Please mark one area that describes the race/ethnicity category with which you primarily identify:)

Asian: All persons having origins in any of the peoples of the Far East, Southeast, Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippines and Samoa subcontinent, or the Pacific Islands.

Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.

Native American/Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.