



**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: \_\_\_\_\_

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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.

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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: \_\_\_\_\_

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**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) \_\_\_\_\_

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**EMPLOYMENT HISTORY:**

Beginning with your current or most recent employer (including self-employment experience), list the last 5 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."**

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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

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**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: \_\_\_\_\_