

## TULE RIVER TRIBE GAMING COMMISSION TULE RIVER INDIAN RESERVATION

## **EMPLOYMENT APPLICATION**

<u>"APPLI</u>	CATI	JN MIUSI DE F	ILLED UUT	COMPLE	ILLYIN	UKL	<u>JEK IU DE I</u>	RUCESSED"		
Print Clearly a	nd Legi	bly					Date:			
Name:  Last				First				(MI)		
Address: (Number	& Street, (	City, State, Zip)								
Telephone Home	e:		Work:_				Cell:			
Email (Optional):										
<b>Employment D</b>	esired									
Position applyin	g for:		De	partment:			Salary des	Salary desired:		
Would you be av	vailable i	rk on weekends? for overtime, if neces you start work?	ssary?					Yes No		
Education and	Training	g (Use additional sheet(s)	if necessary. Attach	a copy of the cer	tificate/diplom	a from ea	ach school.)			
School	Name an	d Address			No. of years Completed		Did you Graduate?	Degree Or Diploma		
High School					•	□ Y	Yes No	•		
	Name									
-	Address									
College/	City	State	Zi	ip		Y	Yes No			
University .	Name	ame								
	Address									
Vocational/	City	State	Zi	p		Y	Yes No			
Business	Name	ame								
	Address									
Other	City	State	Zi	ip		☐ Y	Yes No			
-	Name									
	City	State	Zip							
Our organization relies			Expert	Competent	Some Exp	erience	No Experience	Application Used		
heavily on the use of	of	Word Processing								
computers. Regardless of the type of position for which you are applying, please indicate your level of competence by checking the appropriate box.		Spreadsheet								
		Database								
		Email Internet/Web								
		Graphics								
		Orapinos	J		1		1			

Education and Training							
Clerical and Secretarial Applicants only:  Typing Speed: WPM Experience:							
All applicants please provide the following information and indicate the skills you possess <b>only</b> if they are a requirement of the position for which you are applying:							
Driver's License Number: State: Class: Valid Suspended / Revoked Restricted (If Suspended/Revoked or Restricted, list date and reason)	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No						
Languages you speak, read, or write fluently in addition to English:							
Are you licensed/certified for the job applied for if listed as requirement on job announcement?	Yes No						
Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work for the Tule River Tribe?	☐ Yes ☐ No						
Personal Information							
Have you ever applied to or worked for the Tule River Tribal Council Administration, which includes Eagle Mountain Casino (EMC), Tule River Tribe Gaming Commission (TRTGC), Eagle Feather Trading Post 1 or 2 (EFTP), or any other division/branch of the Tule River Tribal Council Administration before? If yes, for which corporation and when?	Yes No						
Do you have friends or relatives working for the Tule River Tribal Council, EMC or EFTP?	☐ Yes ☐ No						
Name							
Name Relationship Department							
(If more space is needed, please provide an additional sheet)							
If hired, would you have a reliable means of transportation to and from work?	☐ Yes ☐ No						
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)	☐ Yes ☐ No						
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?	☐ Yes ☐ No						
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?	☐ Yes ☐ No						
Have you <u>ever</u> been convicted of a criminal offense? (Conviction for a criminal offense does not necessarily prevent you from being considered for employment.)	☐ Yes ☐ No						
Are you currently employed?	☐ Yes ☐ No ☐ Yes ☐ No						
Tribal Affiliation Yes No I If yes;							
Name of Tribe: Enrollment Number:  (Provide proof of Tribal Membership and/or Tribal Affiliation)							

## **Employment History**

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

			Dates of Employment:		
Name of Employer			Dates of Employment	From	То
Type of Business/Department		(Position Held)	Your Supervisor's Name		
			( )		
Street Address			Telephone No.		
			Monthly Pay:		
City	State	Zip	Starting		Ending
Your Duties			Your Reason for Leaving:		
			, and the second		
			May we contact this employ	ver for a refe	rence?
			7 · · ·	Yes	☐ No
			Dates of Employment:		
Name of Employer				From	То
Type of Business/Department		(Position Held)	Your Supervisor's Name		
Type of Business/Department		(1 osmon Hem)	(		
Street Address			Telephone No.		
Street Address			•		
a.		-	Monthly Pay:		- T- 1
City	State	Zip	Starting		Ending
Your Duties			Your Reason for Leaving:		
			May we contact this employ	ver for a refe	rence?
				☐ Yes	☐ No
			Dates of Employment:		
Name of Employer				From	То
T (D : /D : /		(D. ::: II II)	V C · · · · · · · · · · · · · · · · · ·		
Type of Business /Department		(Position Held)	Your Supervisor's Name		
			( )		
Street Address			Telephone No.		
			Monthly Pay:		
City	State	Zip	Starting		Ending
Your Duties			Your Reason for Leaving:		
			_		
			May we contact this employ	ver for a refe	rence?
			, , , , , , , , , , , , , , , , , , , ,	Yes	☐ No
			Dates of Employment:		
Name of Employer				From	То
Type of Business/Department		(Position Held)	Your Supervisor's Name		
			( )		
Street Address			Telephone No.		
			Monthly Pay:		
City	State	Zip	Starting		Ending
Your Duties			Your Reason for Leaving:		
			, G		
			May we contact this employ	ver for a refe	rence?
			-my	Yer jor a reje	□ No

Please Read C	Carefully, Initial Ea	ch Paragraph ai	nd Sign B	Below			
e: tl tl sl	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed and/or approve the information in this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.						
ed d p T	I hereby authorize the Tule River Tribal Council Administration to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment. I further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Tule River Tribe, Tule River Tribal Council, Tule River Tribal Administration, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.						
n I te	ny employment, if h understand and agre erminated at any tim	ired, is intended to be that if I am emp be, with or without ary to the foregoin	o create and ployed, my t prior not	n employment cory employment is tice, at the option	ntract between me and for no definite or deter of either myself or the	which may be granted or during the Tule River Tribe. In addition minable period and may be company, and that no promises iting and signed by me and the	
Date	App	olicant's Signatur	·e				
			Empl	oyment Da	ta		
To be complete	ed by applicant:			•			
Completion of	• 11		used for s	statistical data onl	y. All information wi	ll remain confidential and will	
Name:				SS#:			
Position Applie	ed for:			Depart	ment:		
Sex:	Male	☐ Female					
Race/Ethnicity		American Indian Asian/Pacific Is African America Hispanic Caucasian Enrolled Tule R Enrolled other T	lander an River Triba	al Member	Enrollment #: Enrollment #		
Method of refe	rral for employmen	t at the Tule Rive	r Tribe:				
	Tule River Triba Newspaper adve Internet Friend/Relative Other:			Eagle Mountain Job Announcem Employment Ag Job Fair			