



APPLICATION FOR EMPLOYMENT
SAN CARLOS APACHE TRIBAL PERSONNEL DEPARTMENT
THE SAN CARLOS APACHE TRIBE
P. O. BOX 0
SAN CARLOS, ARIZONA 85550

Print Clearly

Announcement No. _____

1. TITLE OR POSITION FOR WHICH YOU ARE APPLYING:	7. DATE OF BIRTH
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2. LAST NAME FIIRST MIDDLE	8. SOCIAL SECURITY NUMBER
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3. MAILING ADDRESS:	9. AUTHORITY TO WORK IN THE U.S.: <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> ALIEN WORK PERMIT NUMBER: _____
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10. MILITARY SERVICE: ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO DATES AND BRANCH OF SERVICE:
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CHECK THE APPROPRIATE BOX	YES	NO
4. ARE YOU NOW WORKING FOR THE SAN CARLOS APACHE TRIBE?		
5. ARE YOU CLAIMING INDIAN PREFERENCE? INDIAN TRIBE AND ENROLLMENT NUMBER:		
6. CAN YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? SPECIFY:		

11. NAME AND PHONE NUMBER OF PERSONS TO CONTACT REGARDING EMPLOYMENT:

12. EDUCATION AND TRAINING HISTORY (SUBJECT TO VERIFICATION BY PERSONNEL) : TRANSCRIPTS OR CERTIFICATE SHOULD BE ATTACHED TO RECEIVE FULL CREDIT

NAME AND ADDRESSES OF SCHOOLS ATTENDED	DATES ATTENDED	NUMBER OF SEMESTER HOURS	DATE OF GRAD	CURRICULUM/ SUBJECTS STUDIED
HIGH SCHOOL OR GED				
COLLEGE OR UNIVERSITY				

13. NAME OFFICE OR SHOP MACHINES, TOOLS, EQUIPMENT YOU CAN SET UP AND SAFELY OPERATE.

14. OFFICE SKILLS:

SHORTHAND: _____ TYPING: _____

_____ WPM _____ WPM

15. HAVE YOU EVER BEEN CONVICTED FOR ANY CRIME? NO YES. ARE YOU CURRENTLY UNDER CHARGES FOR ANY CRIME IN ANY COURT? NO YES (EXPLAIN. Include month and year):

1. _____ 3. _____

2. _____ 4. _____

16. IF YOU ARE APPLYING FOR A JOB WHICH REQUIRES A DRIVERS LICENSE:

LICENSE NUMBER: _____ CLASS: _____ STATE: _____ EXPIRE _____

17. REFERENCES: PLEASE LIST TWO PEOPLE NOT RELATED TO YOU, WHO KNOW YOUR QUALIFICATIONS AND FITNESS FOR THE JOB YOU ARE APPLYING FOR. DO NOT USE SUPERVISORS LISTED UNDER EMPLOYMENT HISTORY.

FULL NAME REFERENCE	PRESENT BUSINESS OR HOME ADDRESS	TELEPHONE NUMBER	BUSINESS OR OCCUPATION

18. HAVE YOU EVER BEEN FIRED FROM A JOB?
 _____ NO _____ YES PLEASE EXPLAIN _____

EMPLOYMENT HISTORY: LIST YOUR PAST WORK RECORDS, INCLUDE ANY INTERRUPTIONS IN YOUR WORK HISTORY SUCH AS SCHOOL. LENGTHY PERIODS OF UNEMPLOYMENT, SABBATICALS, ETC., INCLUDE SELF EMPLOYMENT AND U.S. MILITARY SERVICE. START WITH PRESENT OR LAST POSITION.

19. NAME OF EMPLOYER:	DATES OF EMPLOYMENT
ADDRESS:	FROM (MONTH AND YEAR):
NAME / TITLE OF SUPERVISOR:	TO (MONTH AND YEAR):
YOUR TITLE:	HOURS PER WEEK:
DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED	

REASONS FOR WANTING TO LEAVE:

20. NAME OF EMPLOYER:	DATES OF EMPLOYMENT
ADDRESS:	FROM (MONTH AND YEAR):
NAME / TITLE OF SUPERVISOR:	TO (MONTH AND YEAR):
YOUR TITLE:	HOURS PER WEEK:
DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED	

REASONS FOR WANTING TO LEAVE:

21. NAME OF EMPLOYER:	DATES OF EMPLOYMENT
ADDRESS:	FROM (MONTH AND YEAR):
NAME / TITLE OF SUPERVISOR:	TO (MONTH AND YEAR):
YOUR TITLE:	HOURS PER WEEK:
DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED	

REASONS FOR WANTING TO LEAVE:

CONDITIONS OF EMPLOYMENT
(Please read carefully before signing)

In submitting an application, I understand that false statements may be grounds for not hiring me or for firing me after I begin work. If I am employed I assure the San Carlos Apache Tribe that I am bondable (for positions which require employees to be bonded). I authorize the San Carlos Apache Tribe to investigate all statements on this application and releases from all liability all persons, corporations, schools, or other organizations furnishing information. I further understand that, if employed on a permanent basis, I will be subject to a probationary period as specified in the Tribal Personnel Policies and Procedures. Incomplete applications will not be considered.

SIGNATURE OF APPLICANT

DATE