

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

Print Clearly	Announcement No.						
TITLE OR POSITION FOR WHICH YOU ARE APPLYING:			7. DATE OF BIRTH				
2. LAST NAME FIRST MIDDLE			8. SOCIAL SECURITY NUMBER				
2. LAST NAME FIRST MIDDLE			6. SOCIAL SECORIT I NOWIBER				
3. MAILING ADDRESS:			9. AUTHORITY TO WORK IN THE U.S.:				
			[ ] U.S. CITIZEN [ ] ALIEN WORK PERMIT				
			NUMBER:				
			10. MILITARY SERVICE: ARE YOU A VETERAN?				
			10. WILT		. ARE 10	UA VETERAN!	
CHECK THE APPROPRIATE BOX	YES	NO		S AND BRAN		VICE:	
ARE YOU NOW WORKING FOR THE SAN CARLOS							
APACHE TRIBE?							
5. ARE YOU CLAIMING INDIAN PREFERENCE? INDIAN TRIBE AND ENROLLMENT			11. NAME AND PHONE NUMBER OF PERSONS TO CONTACT REGARDING EMPLOYMENT:				
NUMBER:							
6. CAN YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH?							
SPECIFY:							
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 A	ATTENDED	NUMBER OF SEMESTER	DATE OF GRAD	CURRICULUM/ SUBJECTS	
				HOURS		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:							
WDM		/DM					
WPM WPM  15. HAVE YOU EVER BEEN CONVICTED FOR ANY CRIME?NOYES. ARE YOU CURRENTLY UNDER CHARGES FOR ANY							
CRIME IN ANY COURT?NOYES (EXPLAIN. Include month and year):							
1.			3.				
2.			4.				
16. IF YOU ARE APPLYING FOR A JOB WHICH REQUIRES A DRIVERS LICENSE:							
LICENSE NI IMPED			CL ASS:	ет	۸۳۵۰	EVDIDEC	
LICENSE NUMBER: CLASS: STATE: EXPIRES  17. REFERENCES: DI FASE LIST TWO REORI E NOT BELATED TO VOIL WHO KNOW YOUR OLD LIST CATIONS AND EITNESS FOR THE LOR YOU ARE ADDI VINC FOR DO NOT LIST SUBSPICIOUS.							
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 BUSI	NESS OR	HOME ADD	RESS TE	LEPHONE NUMB	ER BUS	INESS OR OCCUPATION	
<del></del>							
18. HAVE YOU EVER BEEN FIRED FROM A JOB?							
NO YES PLEASE EXPLAIN							

EMPLOYMENT HISTORY: LIST YOUR PAST WORK RECORDS, INCLUDE ANY INTERUPTIONS 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 Human Resources Policies and Procedures. Incomplete applications will not be considered.											
SIGNATURE OF APPLICANT	DATE										