



MOAPA BAND OF PAIUTES

MOAPA RIVER INDIAN RESERVATION
PcghCZjW Bcl 340ž%@bVt`b`GtfYYh
McUdU, NYj UXU 89025
TY`Yd\cbY. (702) 865-2787
FUI (702) 865-2875

DATE OF APPLICATION

Application for Employment

PLEASE COMPLETE ALL ITEMS ON APPLICATION

THOSE APPLICANTS SELECTED FOR INTERVIEW WILL BE CALLED.

POSITION: _____ SSN: _____

LAST NAME: _____ FIRST NAME _____ MI: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS:

1. ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED TRIBE? _____ BLOOD DEGREE _____
TRIBE ENROLLED WITH: _____
2. HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? IF SO, WHEN AND REASON FOR LEAVING? _____
3. ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? _____
4. ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB? _____
5. DO YOU HAVE A RELATIVE WORKING HERE? IF SO, STATE RELATION AND EMPLOYEE'S NAME: _____
6. REFERRED BY (IF FORMER EMPLOYEE STATE NAME): _____

PLEASE PRINT EMPLOYMENT HISTORY FOR THE LAST TEN YEARS, BEGINNING WITH THE MOST RECENT. YOU MUST ACCOUNT FOR ANY GAPS IN EMPLOYMENT. COMPLETE INFORMATION REGARDLESS OF A RESUME.

EMPLOYER: _____ JOB TITLE: _____
 ADDRESS: _____ TELEPHONE: _____
 SUPERVISOR/TITLE: _____ START WAGES: _____ END WAGES: _____
 DUTIES: _____

FROM: _____ TO: _____ VOLUNTARY RESIGNATION _____ TERMINATION _____ LAYOFF _____

EMPLOYER: _____ JOB TITLE: _____
 ADDRESS: _____ TELEPHONE: _____
 SUPERVISOR/TITLE: _____ START WAGES: _____ END WAGES: _____
 DUTIES: _____

FROM: _____ TO: _____ VOLUNTARY RESIGNATION _____ TERMINATION _____ LAYOFF _____

EMPLOYER: _____ JOB TITLE: _____
 ADDRESS: _____ TELEPHONE: _____
 SUPERVISOR/TITLE: _____ START WAGES: _____ END WAGES: _____
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FROM: _____ TO: _____ VOLUNTARY RESIGNATION _____ TERMINATION _____ LAYOFF _____

EMPLOYER: _____ JOB TITLE: _____
 ADDRESS: _____ TELEPHONE: _____
 SUPERVISOR/TITLE: _____ START WAGES: _____ END WAGES: _____
 DUTIES: _____

FROM: _____ TO: _____ VOLUNTARY RESIGNATION _____ TERMINATION _____ LAYOFF _____

SKILLS AND QUALIFICATIONS - INCLUDE ANY SKILLS, EXPERIENCE, LICENSES, LANGUAGES, ETC THAT PERTAIN TO THIS POSITION.

JOB STATUS: FULL TIME PART TIME ON CALL TEMP

EDUCATION:			
NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
U.S. VETERAN	YES	NO	

REFERENCES - YOU MUST PROVIDE THREE REFERENCES TO INCLUDE TELEPHONE # AND YEARS KNOWN.

NAME	TELEPHONE #	YEARS KNOWN

READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION

As a condition of employment, the Moapa Band of Paiutes requires and pays for a screening test for illegal drug use. When asked to take such examination, I will complete this within 24 hours. Failure to do may cause me ineligible for consideration for employment with the Moapa Band of Paiutes.

I agree and understand that if my job requires any type of work card, certificate or license I will produce these at the time of my in-processing (TAM cards, license, health card, gaming card, immigration status, etc.).

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no person of the Employer has the authority to make any assurances to the contrary.

BY SIGNING BELOW I AGREE TO AND THAT I UNDERSTAND THE TERMS IN THIS APPLICATION.

SIGN _____ DATE _____

POSITION: _____

1. As a condition of employment, the Moapa Band of Paiutes requires and pays for a personal background investigation. The following information is required to conduct such an investigation:

COMPLETE NAME: _____

SSN#: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE # AND STATE ISSUED: _____

CURRENT ADDRESS:

FORMER ADDRESS:

2. Have you been convicted of a felony in the last ten-(10) years?
(SUCH CONVICTION MAY BE RELEVANT, IF JOB RELATED, BUT DOES NOT BAR YOU FROM EMPLOYMENT. HOWEVER FAILING TO DISCLOSE A CONVICTION WILL AUTOMATICALLY BAR YOU FROM EMPLOYMENT.)

YES: _____ EXPLAIN: _____

NO: _____

3. I declare that I agree and accept the above conditions of employment and that my answers to the questions on this form are true and complete to the best of my knowledge. I understand that any statement later discovered to be false may be cause for discharge if I am hired. I hereby authorize investigation of all statements made and waive claims against all parties for damages, which might be collected by reason of such inquiry. I also understand that an offer of employment, whether written or implied, does not constitute employment until all above terms and conditions are met and approved by the Moapa Band of Paiutes.

SIGN BELOW TO AUTHORIZE THE Moapa Band of Paiutes to conduct a background investigation:

_____ Date: _____

HR/LAW ENFORCEMENT USE ONLY

DATE REQUESTED: ____ / ____ / ____

BACKGROUND RESULTS: PASS DID NOT PASS OFFICER'S INITIAL/DATE:

DRUG TEST RESULTS: PASS DID NOT PASS HR INITIALS/DATE: