

Paskenta Band of Nomlaki Indians

Employment Application



Employment preferences are provided to qualified Paskenta Band of Nomlaki Tribal Members. The Paskenta Tribal Office strives to be an equal opportunity employer dedicated to the policy of nondiscrimination based on race, sex, marital status, sexual orientation, religion, national origin, age mental or physical disability, veteran status or any other non job-related factor. Any person requiring reasonable accommodation in the application process should contact the Human resources.

Employment applications are required for all positions. Applications will only be accepted for open positions and will remain "active" for 60 days. Please complete all information.

Please print legibly. A resume will not substitute for an application.

Name & Address

Name (Last, First, Middle Initial)

Street Address

City

State

Zip

Mailing Address (If different than street address)

City

State

Zip

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Home phone

Cell Phone

Email

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Emergency Contact

Phone Number

Application

Position Applying For: _____ **Requested Rate of Pay: \$** _____

Availability: Morning Afternoon Weekends

Type of work applying for: Full Time Part Time Temporary

Have you applied here before? Yes No

Do you have a legal right to be employed in the United States? Yes No

(If yes you will be required to provide proof upon hire)

Are you at least 18 years old? Yes No

Do you have a valid Drivers License? Yes No DL# _____ State: _____

Have you ever been convicted of a Felony? Yes No (If yes you will be required to provide date and reason)

Education

Institution	City/State	Diploma/Degree obtained	Major	Total units completed

Skills			
Languages	Read	Write	Speak

List any special skills (computer, technical, mechanical, etc.). List professional certifications and/or license you currently hold (CPR, EMT etc.): _____

Previous Employment

1. _____ (____) _____

Company Name

Phone Number

Address

City

State

Zip

_____/_____/_____

_____/_____/_____

Employed from

Employed to

Immediate Supervisor

Job Title

Reason for Leaving

List of Duties:

2. _____ (____) _____

Company Name

Phone Number

Address

City

State

Zip

_____/_____/_____

_____/_____/_____

Employed from

Employed to

Immediate Supervisor

Job Title

Reason for Leaving

List of Duties:

Date _____