

# 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.**

### Candidate Information

Name (First, Middle Initial, Last ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Address Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

### Application

Position Applying For: \_\_\_\_\_ Requested Pay range: \$ \_\_\_\_\_

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 )

Do you have a high school diploma? Yes No

### Education

Institution	City/State	Diploma/Degree obtained (Yes/No)	Field of Study	Year Graduated

### 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.):

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### Previous Employment

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Company Name

Phone Number

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Address

City

State

Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_

Employed from    Employed to

Immediate Supervisor

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Job Title

Reason for Leaving

List of Duties:

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2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Company Name

Phone Number

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Address

City

State

Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_

Employed from    Employed to

Immediate Supervisor

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Job Title

Reason for Leaving

List of Duties:

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3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Company Name

Phone Number

Address

City

State

Zip

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Employed from Employed to

Immediate Supervisor

Job Title

Reason for Leaving

List of Duties:

\_\_\_\_\_  
\_\_\_\_\_

**Tribal Affiliation**

Are you an enrolled member of the Paskenta Band of Nomlaki Indians? Yes No

If you are claiming Native American Preference, please complete the following:

Are you an enrolled member of a Federally Recognized Tribe? Yes No

Tribe: \_\_\_\_\_

**Referral Source**

How were you referred to the Paskenta Band of Nomlaki Indians Tribal Office?

Employee (*First and Last Name*): \_\_\_\_\_

Job/Employment Fair: Internet/Social Media: Other: \_\_\_\_\_

**Authorization**

I understand the immigration Reform and Control Act of November 6, 1986 requires mw to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. I understand that nothing contained in this employment application or in granting of interview is intended to create a contract between myself and this company for either my employment or the provision of any benefits. I further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at anytime and the company will have a similar right. In addition I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by myself and an authorized representative of the company.

\_\_\_\_\_  
**Initials**

I certify that all answers in this application and additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or discharge if hired. I herby authorize investigation of all statements provided during the application process and all references given to the Paskenta Band of Nomlaki Indians, any and all pertinent information they may have, personal or otherwise, and release from all liability or responsibility, Paskenta Band of Nomlaki Indians, any agent or either entity and all persons, companies or corporation providing information to Paskenta Band of Nomlaki Indians about me.

\_\_\_\_\_  
**Initials**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Applicant Signature**

**Date**