

# BIG PINE PAIUTE TRIBE OF THE OWENS VALLEY

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT) QUESTIONNAIRE  
(PREFERENCE IS GIVEN TO QUALIFIED INDIAN CANDIDATES WITHIN THE CONFINES OF THE INDIAN PREFERENCE ACT)

**PERSONAL INFORMATION**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES

TRIBAL AFFILIATION \_\_\_\_\_ NO

Are you related to anyone employed with the tribe? If so, state Name and Title: \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES  NO  DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? YES  NO

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START? \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_  
IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES  NO

ARE YOU EMPLOYED NOW? YES  NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES  NO  WHEN? \_\_\_\_\_

**REFERRED BY**

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES  NO

**GENERAL** SUBJECT OF SPECIAL STUDY, RESEARCH WORK OR SPECIAL TRAINING AND/OR SKILLS, SKILLS WITH HEAVY EQUIPMENT, MACHINERY, SPECIAL LICENSES OR CERTIFICATES

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

TYPING \_\_\_\_\_ SHORTHAND \_\_\_\_\_ TEN KEY \_\_\_\_\_

**VETERAN'S PREFERENCE**

ARE YOU CLAIMING VETERAN'S PREFERENCE? YES  NO   
IF SO, ATTACH EVIDENCE OF HONORABLE DISCHARGE

**INDIAN PREFERENCE**

ARE YOU CLAIMING INDIAN PREFERENCE? YES  NO   
IF SO, MUST SHOW PROOF OF ROLL NO., CERTIFICATION OR TRIBAL AFFILIATION \_\_\_\_\_  
ATTACH COPY TO APPLICATION

<b>FORMER EMPLOYERS</b>		LIST BELOW LAST SIX (6) EMPLOYERS, STARTS WITH THE LAST ONE FIRST		
DATE MONTH & YEAR	NAME, ADDRESS & PHONE NO. OF EMPLOYER	SALARY/ WAGE	POSITION	REASON FOR LEAVING;
FROM				
TO		PHONE		
FROM				
TO		PHONE		
FROM				
TO		PHONE		
FROM				
TO		PHONE		
FROM				
TO		PHONE		
FROM				
TO		PHONE		

**REFERENCES**                      GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	PHONE NO.	BUSINESS	YEARS KNOWN

IN CASE OF  
EMERGENCY, NOTIFY

NAME	ADDRESS	PHONE NO

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY I UNDERSTAND THAT NO COMPANY REPRESENTATIVE WITHOUT THE CONSENT OF THE TRIBAL COUNCIL HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE	SIGNATURE
------	-----------

APPLICANTS--DO NOT WRITE BELOW THIS LINE

APPLICATION RECEIVED.

DATE	TIME	BY
------	------	----