

CHEMEHUEVI INDIAN TRIBE

Tribal Employment Rights Office (TERO)

PO Box 1976, Havasu Lake, CA 92363-1976
 Phone: 760-858-5100 Fax: 760-858-5279
 E-mail: tero@cit-nsn.gov



APPLICATION FOR EMPLOYMENT

INDIAN PREFERENCE POLICY: Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act of 1934 (Title 25, USC. Section 472).

Chemehuevi Indian Tribe is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

APPLICANT INFORMATION								
Last Name				First			M I	Date
Street Address						Apartment/Unit #		
City				State			ZIP	
Phone				E-mail Address				

APPLICANT QUESTIONNAIRE							
Date Available				Notice to Employer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Desired Salary
Position(s) Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you 16 year of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, do you have a work permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you claiming tribal preference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Tribal Affiliation			Roll No.	
Are you a tribal spouse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*** The Tribe does not recognize common law marriages.				
Do you have a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State			License No.	
*** If applying for a position that requires driving a Tribal vehicle, provide a recent Driving Record issued by the Department of Motor Vehicles (available on-line or at your local DMV). Must be insurable under the guidelines of the current Tribal Insurance carrier.							
Have you ever been convicted of, plead guilty or no contest to a crime other than a minor traffic violation?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
*** If yes, explain in detail and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false and misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. CLICK HERE TO SUBMIT INFORMATION <input type="checkbox"/>							

EDUCATION							
High School				City & State			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma <input type="checkbox"/>			GED <input type="checkbox"/>	
College				City & State			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AA <input type="checkbox"/>	BA <input type="checkbox"/>	MA <input type="checkbox"/>	OTHER <input type="checkbox"/>	
Other				City & State			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Certificate <input type="checkbox"/>	Other <input type="checkbox"/>			

Military Service				
Branch	From		To	
Rank/Type of Service				
Special Training/Experience				

PREVIOUS EMPLOYMENT					
This section must be completed, do not list "see resume". List position starting with the most recent:					
Company		Phone			
Address					
Job Title		Supervisor			
Start Date	End Date	Beginning Salary	Ending Salary		
Duties					
Reason for Leaving					
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company		Phone			
Address					
Job Title		Supervisor			
Start Date	End Date	Beginning Salary	Ending Salary		
Duties					
Reason for Leaving					
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Company		Phone			
Address					
Job Title		Supervisor			
Start Date	End Date	Beginning Salary	Ending Salary		
Duties					
Reason for Leaving					
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

References

Please list three professional references. DO NOT INCLUDE RELATIVES

Full Name		Years Known	
Occupation		Phone	
Address			

Full Name		Years Known	
Occupation		Phone	
Address			

Full Name		Years Known	
Occupation		Phone	
Address			

Additional Supporting Documentation

A completed Employment Application is required for all positions. If you would like to provide additional information i.e., resume, certifications, diplomas, check the box below.

Yes, I am submitting additional information.

DISCLAIMER AND SIGNATURE

I understand that employment with Chemehuevi Indian Tribe is at-will, meaning that I or the Chemehuevi Indian Tribe may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Chemehuevi Indian Tribe to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Chemehuevi Indian Tribe, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms names to provide any requested information and release them from all liability for providing the requested information.

I understand that the Chemehuevi Indian Tribe required the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature	<input type="text"/>	Date	<input type="text"/>
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