



RINCON BAND OF LUISEÑO INDIANS

EMPLOYMENT APPLICATION

POSITION: _____

NAME: _____

EMPLOYMENT DESIRED

POSITION: _____

CAN YOU WORK ANY SHIFT: YES NO SHIFTED PREFERRED [] 1st [] 2nd [] 3rd

SALARY DESIRED: \$ _____ ARE YOU NOW EMPLOYED? [] YES [] NO

(IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER?) [] YES [] NO DATES: _____

HAVE YOU EVER APPLIED FOR A POSITION AT RINCON BEFORE? [] YES [] NO DATES: _____

HAVE YOU EVER BEEN EMPLOYED BY RINCON BAND OF INDIANS: [] YES [] NO DATES: _____

IF YES: POSITION _____ DATE OF SEPARATION: _____

REASON FOR LEAVING: _____

DO ANY OF YOUR RELATIVES OR PERSONS LIVING IN THE SAME HOUSE WORK FOR THE RINCON LUISEÑO BAND OF INDIANS? YES NO IF YES, PLEASE FILL IN THE FOLLOWING:

NAME: _____ RELATIONSHIP: _____ POSITION: _____

PERSONAL INFORMATION

NAME: _____ DATE: _____

First Mi Last

OTHER NAMES USED IF APPLICABLE: _____

SOCIAL SECURITY NUMBER: DOB:
MONTH DAY YEAR

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: () _____ CELL PHONE: () _____

VALID DRIVERS LICENSE: _____ STATE: _____ GENDER: MALE FEMALE

IF YOU ARE NOT A CITIZEN OF THE UNITED STATES, DO YOU HAVE THE LEGAL RIGHT TO REMAIN AND WORK HERE? [] YES [] NO ALIEN VISA REGISTRATION NUMBER: _____

ARE YOU A RINCON TRIBAL MEMBER YES NO ROLL NUMBER: # _____

OTHER TRIBAL AFFILIATION: _____ COUNTY: _____ STATE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO (IF YES, EXPLAIN)

EMPLOYMENT HISTORY

List your previous work experience for the (10 Years Minimum) beginning with your last position. Account for periods of unemployment over 30 days. (If additional space is needed please use another sheet of paper. Please complete even if you are attaching another resume).

EMPLOYER: _____ PHONE: (_____) _____

POSITION HELD: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE: _____

START DATE: _____ END DATE: _____ SALARY: \$ _____ HR [] SALARY: \$ _____ HR []

REASON FOR LEAVING: _____

DESCRIBE WORK PERFORMED: _____

EMPLOYER: _____ PHONE: (_____) _____

POSITION HELD: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE: _____

START DATE: _____ END DATE: _____ SALARY: \$ _____ HR [] SALARY: \$ _____ HR []

REASON FOR LEAVING: _____

DESCRIBE WORK PERFORMED: _____

EMPLOYER: _____ PHONE: (_____) _____

POSITION HELD: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE: _____

START DATE: _____ END DATE: _____ SALARY: \$ _____ HR [] SALARY: \$ _____ HR []

REASON FOR LEAVING: _____

DESCRIBE WORK PERFORMED: _____

EMPLOYER: _____ PHONE: (_____) _____

POSITION HELD: _____ SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE: _____

START DATE: _____ END DATE: _____ SALARY: \$ _____ HR [] SALARY: \$ _____ HR []

REASON FOR LEAVING: _____

DESCRIBE WORK PERFORMED: _____

EDUCATION

HIGH SCHOOL (NAME AND CITY/STATE)	GRADUATION?	DATE LAST ATTEND (MO/YR)	GPA
	[] DIPLOMA [] GED [] NO		
	[] DIPLOMA [] GED [] NO		
COLLEGE OR OTHER SCHOOLS ATTENDED (CITY/STATE) COURSE OF STUDY	GRADUATION?	DEGREE	GPA
	[] Diploma [] Degree [] Cert. [] NO		
	[] Diploma [] Degree [] Cert. [] NO		
	[] Diploma [] Degree [] Cert. [] NO		
	[] Diploma [] Degree [] Cert. [] NO		

TECHNICAL SKILLS

(I.E. 10 KEY TOUCH, TYPING SPEED, COMPUTER/SOFTWARE SKILLS, ETC.)

MILITARY SERVICE RECORD

HAVE YOU EVER BEEN IN THE ARMED FORCES? [] YES [] NO BRANCH _____ RANK _____

DATE OF DUTIES: FROM ___/___/___ TO ___/___/___ TYPE OF DISCHARGE _____

REFERENCES

(List three references you have known for over three years who are not related to or former employees):

- 1). _____
 NAME OCCUPATION TELEPHONE NUMBER
- 2). _____
 NAME OCCUPATION TELEPHONE NUMBER
- 3). _____
 NAME OCCUPATION TELEPHONE NUMBER

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature: _____ Date: _____