



Employment Application

HUALAPAI NATION HUMAN RESOURCE DEPARTMENT

PO Box 179 ♦ Peach Springs, Arizona 86434-0179 ♦ 928-769-2216
FAX 928-769-1191 ♦ E-Mail: scrozier@hualapai-nsn.gov

In compliance with Federal and State equal employment opportunity laws, **qualified** applicants are considered for all positions with regard to age, sex, race, physical disability, religion or marital status except that Indian Preference may be provided to persons of Indian descent as provided for in Public Law 88-353 (7-2-72). The only time preference will be imposed is when a bonafied occupational qualification exists.

Date _____

Position Applied for _____

Name _____ Soc Security No. _____
Last First Middle

Mailing Address _____
Street or P.O. Box Number City State Zip

Home Telephone () _____ Message Telephone () _____

Do schools, references, know you by another name? No Yes

If yes, by what name(s)? _____

ARE YOU CLAIMING INDIAN PREFERENCE? No Yes , If yes, Which Tribe? _____

Are you a citizen of the United States? No Yes

If you are not a United States citizen, are you able to work in the United States? No Yes

ARE YOU RELATED TO ANYONE WHO IS CURRENTLY EMPLOYED HERE? No Yes

If yes, list name(s) and relationship _____

Do you have a valid Driver License? No Yes _____

License Number/Exp. Date

Are you at least 18 years of age? No Yes If not, age _____

Have you been convicted of a felony within the last seven years? No Yes

(A conviction does not automatically mean you cannot be considered for employment. Records are checked if employment is manifestly inconsistent with the safe and efficient operation of a position for which you are applying.)

If yes, describe in full, including date(s) _____

EDUCATION & TRAINING

Name and address of High School Attended: _____

_____ Date of Graduation or GED: _____

Name of College, University Trade School or Special Training	Address	Dates Attended		Type of Degree or Certificate Received (or Area of Study)
		From	To	

MILITARY

Branch of Service: _____ Highest Rank or Rating: _____

Dates of Service: _____ To _____

Specialized Field of Training _____

Are you bondable? No Yes

Have you ever been bonded? No Yes

If yes, list companies and dates bonded _____

CLERICAL APPLICANTS ONLY

Clerical Skills: Typing _____ Words Per Minute Shorthand _____ Words Per Minute

Machines Operated: (check appropriate boxes below)

Typewriter

Computer

Calculator

List Other (s) _____

PROFESSIONAL OR TECHNICAL APPLICANTS ONLY

Type of Arizona License or Registration	License or Registration Number	Date of Expiration

List Memberships in Professional Organizations:

REFERENCES: Please list three work references with direct knowledge of your professional experience

Name	Full Address	Telephone Number/Email	Occupation

EMPLOYMENT EXPERIENCE

Please list your employment for the last 5 years starting with the most recent. It is important to show all work experience and to account for all military service and periods of unemployment. If more room is needed, you may attach a separate sheet or resume. However, it MUST contain all information requested in this section. If you have experience (paid or volunteer) related to the job for which you are applying, include it in this application even if it is more than 5 years ago.

EMPLOYER	Rate of Pay	Position Held
Company Name _____	Starting \$ _____	Job Duties _____
Street _____	per _____	_____
State _____ Zip _____		_____
Supervisor's Name _____		_____
Supervisor's Title _____		_____
May we contact your present employer? No <input type="checkbox"/> Yes <input type="checkbox"/>	Final Pay \$ _____	Reason for leaving _____
Job Title _____	_____	_____
From _____ To _____	per _____	_____

Company Name _____	Starting \$ _____	Job Duties _____
Street _____	per _____	_____
State _____ Zip _____		_____
Supervisor's Name _____		_____
Supervisor's Title _____		_____
May we contact your present employer? No <input type="checkbox"/> Yes <input type="checkbox"/>	Final Pay \$ _____	Reason for leaving _____
Job Title _____	_____	_____
From _____ To _____	per _____	_____

Company Name _____	Starting \$ _____	Job Duties _____
Street _____	per _____	_____
State _____ Zip _____		_____
Supervisor's Name _____		_____
Supervisor's Title _____		_____
May we contact your present employer? No <input type="checkbox"/> Yes <input type="checkbox"/>	Final Pay \$ _____	Reason for leaving _____
Job Title _____	_____	_____
From _____ To _____	per _____	_____

Company Name _____	Starting \$ _____	Job Duties _____
Street _____	per _____	_____
State _____ Zip _____		_____
Supervisor's Name _____		_____
Supervisor's Title _____		_____
May we contact your present employer? No <input type="checkbox"/> Yes <input type="checkbox"/>	Final Pay \$ _____	Reason for leaving _____
Job Title _____	_____	_____
From _____ To _____	per _____	_____

I certify that all information contained on this application is true and complete to the best of my knowledge. I agree to have any of the above statements verified by the Hualapai Tribal Council. I hereby release from all liability or responsibility all persons, corporations, schools or other organizations furnishing true and complete information. I understand that misrepresentation of facts may be cause for termination.

Signature

Date