

Pyramid Lake Paiute Tribe Post Office Box 256, Nixon, Nevada 89424 TELEPHONE (775) 574-1000 FAX (775) 574-1086

# **Employment Application**

Position(s) Ap	olied For:		Application Date _	
		Applicant Informa	ation	
Name:		So	ocial Security Number:	
_ist all other na	ames you have worked unde	r or are known by:		
Mailing Addres	SS:	(	City, State, Zip:	
Phone #:	Other Pho	one #:	Email:	
Are you over 1	8? □Yes □ No Are you ov	ver 21? □ Yes □ No		
Have you ever	been employed here before	? □Yes □No	Are you eligible for F	Rehire? ☐ Yes ☐ No
Are you currer	itly on lay-off status and subj	ect to recall? □ Yes □ N	lo If yes, date of return	?
Can you, upor	employment offer, submit ve	erification of your legal rig	ht to work in the United S	tates? □ Yes □ No
Date available	for work?	What is	s your desired salary range	e? \$
	been terminated or asked to			
		Driver's License Info	<u>rmation</u>	
Do you curren	tly have a valid driver's licens	•		te:Expires:
COMMERCIA license (49 C listed below.	<b>AL</b> : No person who operate CFR 383.21). I certify that I d	se? Yes No Licens es a commercial motor v lo not have more than or	se #Sta ehicle shall at any time ha ne motor vehicle license,	ave more than one driver's the information for which is
COMMERCIA license (49 C listed below.	AL: No person who operate	se? Yes No Licens es a commercial motor v lo not have more than or	se #Sta ehicle shall at any time ha ne motor vehicle license,	ave more than one driver's the information for which is
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# EMPLOYMENT HISTORY: MUST BE DETAILED, COMPLETE AND ACCURATE TO AVOID DISQUALIFICATION

Complete present and past employment, beginning with most recent. Referral to resumes or other submitted documents under employment history is not acceptable. Resumes may be submitted as additional information only.

Name of Last Employer:			Telephone No	
		HR Department Email		
From:	To:	Reason for leaving:	Pay: \$_	
Job Respor	nsibilities:			
			May we contact now?	□ Yes □ No
2. Name of La	st Employer:		Telephone No	
Address (Ind	clude State & Zip Code):			
Job Title: _		HR Department Email/	Phone #:	
From:	To:	Reason for leaving:	Pay: \$_	
Job Respor				
	ıst Employer:		Telephone No.	
Address (Ind	clude State & Zip Code):			
	ddress (Include State & Zip Code): HR Department Email/Phone #:			
		Reason for leaving:		
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4 Name of La	est Employer		Telephone No	
		HR Department Email		
		Reason for leaving:		
		reason for loaving.	•	
5. Name of Last Employer:			Telephone No	
Address (Ind	clude State & Zip Code):			
Job Title: _		HR Department Email	/Phone #:	
From:	To:	Reason for leaving:	Pay: \$_	
Job Respor	nsibilities:			

0-11	Name and Address of	Gradu		Date	•	did not graduate,	Diploma/
School	School	Yes	No	Left	nignest gi	ade you completed	GED
High School							
Post Secondary	Name and Address of School	Gradu Yes	ated No	Date Left	Major/Mii	nor Courses Taken	Diploma/ Degree
College							
Graduate Work							
Trade Or Business	_						
Other							
school or personal refere	eferences who are not related inces who are not related to your same and AME AND ADDRESS (Include si	u. <i>Inform</i>	ation n				
147	NIL AND ADDITESS (Include Si	iale & zip co	ide)			TELEFTIONE	RINOWIN
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Such arrests & convictions mandal have you ever been convictions may be relevented from the Crime Control Act, 1990 requires the follow	ested or charged for a crime?  by be relevant if job related, but does now invicted of a misdemeanor, gross	(excluding job to necessar s misdem sarily bar you dd <b>Protec</b> i	uvenile of the state of the sta	criminal hi ou from e or felon mploymer <b>Family</b>	mployment – p y (excluding j it – please exp <b>Violence</b> i	olease explain below) uvenile adjudication)?   colain below)  Prevention Act, PL	101-630, of
Such arrests & convictions mandale you ever been convictions may be relevented from the Crime Control Act, 1990 requires the followindian Children:	ested or charged for a crime?  by be relevant if job related, but does not victed of a misdemeanor, gross and if job related, but does not necess  PL 101-647, and Indian Chil	(excluding joot necessar s misdem sarily bar you de <b>Protec</b> lying for p	uvenile or ily bar y eanor ur from e tion & cosition	criminal hi ou from e or felon mploymer <b>Family</b> ns that i	mployment – p y (excluding jo nt – please exp <b>Violence</b> p nvolve reg	olease explain below)  uvenile adjudication)?   plain below)  Prevention Act, PL of the contact with or contact with conta	101-630, of
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Such arrests & convictions may have you ever been convictions may be relevent to the Crime Control Act, 1990 requires the followindian Children:  1.) Have you ever been misdemeanor offens contact or prostitution (If yes, provide the date)	ested or charged for a crime?  by be relevant if job related, but does not victed of a misdemeanor, gross ant if job related, but does not necess.  PL 101-647, and Indian Chility in the presentation of persons applications of persons applications of guilty of, or entered in a general product of the under Federal, State, or Tr	(excluding just of necessaries misdem sarily bar you led Protect lying for particular plea of relibal law in n. dispos	eanor extremely described by the second seco	oriminal himou from e or felon mploymer Family ns that i a child? ontender ng crime s □ No	mployment - py (excluding just - please expensed in violence in violence in violence in Yes   Te (no contest of violence in vi	please explain below)  Avenile adjudication)?  Prevention Act, PL  aular contact with or o  No  est), or guilty to, any force, sexual assault, n	101-630, of control over felonious or nolestation,

### **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I understand that the Employer is relying upon all of the representation, both written and oral, which I have made during the entire process of applying for employment with the Pyramid Lake Paiute Tribe.

In the event of employment, I understand that if I make any false statements, misrepresentations, or omissions in this application process I may be discharged at any time during my employment and I agree to hold the Employer and person named herein harmless in that event. I understand, also, that I am required to abide by all rules and regulations of the Pyramid Lake Paiute Tribe.

Applicant I	nitial:
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## **APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION**

In connection with this application, I authorize investigation of all statements contained in the Employment Application with Tribal, Federal and State law enforcement agencies, former employers and any other persons or agencies deemed necessary in arriving at an employment decision upon presentation of this waiver, or a photocopy of this waiver, whether in person, by mail, fax, or other method of conveyance.

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original of my signature.

Examples of types of information I am requesting that you provide include information you may have concerning my qualifications and suitability and any other significant information related to job performance.

I hereby authorize the Pyramid Lake Paiute Tribe and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the Tribe and authorize the release of any such information, including, but not limited to, background, credit and/or criminal history, driving records, and education. Moreover, I hereby release the Pyramid Lake Paiute Tribe and any agent acting on its behalf from any liability by reason of requesting such information from any person.

Full Name (Print)	Social Security #
Signature/Authorization	Date Signed