



Pyramid Lake Paiute Tribe

POST OFFICE BOX 256
NIXON, NEVADA 89424
TELEPHONE (775) 574-1000
FAX (775) 574-1086

Youth Employment Application

(PLEASE PRINT IN INK OR TYPE. APPLICATIONS NOT FILLED OUT COMPLETELY WILL BE REJECTED.)

Name: _____ Date of Application: _____

Mailing Address: _____ City, State, Zip: _____

Phone #: _____ Other Phone #: _____ Email: _____

Are you over 18? [] Yes [] No Are you over 21? [] Yes [] No (SYEP) Are you 16 years of age? [] Yes [] No

Have you ever been employed here before? [] Yes [] No Are you eligible for Rehire? [] Yes [] No

Date available for work? _____ What is your desired salary range? \$ _____

Do you currently have a valid driver's license? [] Yes [] No License # _____ State: _____ Expires: _____

If an offer of employment is made prior to your commencement of employment duties, you may be required to undergo a medical examination and/or drug test, the results of which may affect the offer of employment.

Are you willing to undergo such an examination? [] Yes [] No

LAST EMPLOYER

Name of Employer: _____ Telephone No. _____

Address (Include State & Zip Code): _____

Job Title: _____ Email: _____

From: _____ To: _____ Reason for leaving: _____

EDUCATIONAL BACKGROUND

Table with 6 columns: School, Name and Address of School, Graduated (Yes/No), Date Left, If you did not graduate, highest grade you completed, Diploma/GED. Rows include High School, Post Secondary, College, and Other.

REFERENCES

List four business/work references who are not related to you and are not previous supervisors. If not applicable, list four school or personal references who are not related to you. Information must contain complete address & phone number.

Table with 3 columns: NAME AND ADDRESS (Include state & zip code), TELEPHONE, YEARS KNOWN. Multiple empty rows for data entry.

TRIBAL AFFILIATION

Are you Native American? [] Yes [] No Enrollment # _____ Tribe: _____

(Please attach a copy of your membership card for verification purposes.)

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 Initial: _____

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