



Pyramid Lake Paiute Tribe

POST OFFICE BOX 256, NIXON, NEVADA 89424

TELEPHONE (775) 574-1000 FAX (775) 574-1086

For Human Resources Use Only

Employment Application

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

Position(s) Applied For: _____ Application Date _____

Applicant Information

Name: _____ Social Security Number: _____

List all other names you have worked under or are known by: _____

Mailing Address: _____ City, State, Zip: _____

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

Are you over 18? ☐ Yes ☐ No Are you over 21? ☐ Yes ☐ No

Have you ever been employed here before? ☐ Yes ☐ No If Yes, Are you eligible for Rehire? ☐ Yes ☐ No

Are you currently on lay-off status and subject to recall? ☐ Yes ☐ No If yes, date of return? _____

Can you, upon employment offer, submit verification of your legal right to work in the United States? ☐ Yes ☐ No

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

Have you ever been terminated or asked to resign from employment ☐ Yes ☐ No If yes, explain: _____

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

Driver's License Information

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

COMMERCIAL: No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below.

Driver / Transit Positions only: Include all licenses held for the past 3 years; attach additional sheets if needed.

State:	License #:	Type/Class:	Endorsements:	Expires:
State:	License #:	Type/Class:	Endorsements:	Expires:
State:	License #:	Type/Class:	Endorsements:	Expires:

Applicant Preference & Status

VETERANS PREFERENCE: Have you ever served in the United States Military? ☐ Yes ☐ No

Do you claim Veterans Preference Points? ☐ Yes ☐ No

If yes, please attach a copy of your DD-214 for proof of eligibility and type of discharge.

INDIAN PREFERENCE: Are you Native American? ☐ Yes ☐ No

The name of your Tribe: _____ Roll Number: # _____
(Please attach a copy of your membership card for verification purposes.)

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.

1. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ HR Department Email/Phone #: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

May we contact now? ☐ Yes ☐ No

2. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ HR Department Email/Phone #: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

3. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ HR Department Email/Phone #: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

4. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ HR Department Email/Phone #: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

5. Name of Last Employer: _____ Telephone No. _____
Address (Include State & Zip Code): _____
Job Title: _____ HR Department Email/Phone #: _____
From: _____ To: _____ Reason for leaving: _____ Pay: \$ _____
Job Responsibilities: _____

EDUCATIONAL BACKGROUND (Attach copy of your Diploma/Certificate/Degree/Transcripts as applicable)

School	Name and Address of School	Graduated Yes No	Date Left	If you did not graduate, highest grade you completed	Diploma/ GED
High School					

Post Secondary	Name and Address of School	Graduated Yes No	Date Left	Major/Minor Courses Taken	Diploma/ Degree
College					
Graduate Work					
Trade Or Business					
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.**

NAME AND MAILING ADDRESS (Street or PO box, City, State & Zip Code)	PHONE NUMBER	YEARS KNOWN

List any additional information you would like us to consider. _____

BACKGROUND INFORMATION

Have you ever been **arrested** or **charged** for a crime? (excluding juvenile criminal history)? ☐ Yes ☐ No
(Such arrests & convictions may be relevant if job related, but does not necessarily bar you from employment – please explain below)

Have you ever been convicted of a misdemeanor, gross misdemeanor or felony (excluding juvenile adjudication)? ☐ Yes ☐ No
(Such convictions may be relevant if job related, but does not necessarily bar you from employment – please explain below)

The Crime Control Act, PL 101-647, and Indian Child Protection & Family Violence Prevention Act, PL 101-630, of 1990 requires the following questions of persons applying for positions that involve regular contact with or control over Indian Children:

1.) Have you ever been arrested for or charged with a crime involving a child? ☐ Yes ☐ No

2.) Have you ever been found guilty of, or entered in a plea of nolo contendere (no contest), or guilty to, any felonious or misdemeanor offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution, or crimes against persons? ☐ Yes ☐ No

(If yes, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.) _____

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.

XXX-XX-

Full Name (Print)

Last Four Digits of Social Security #

Signature/Authorization

Date Signed