

Employment Application



Summit Lake Paiute Tribe
2255 Green Vista Dr. #402
Sparks, NV 89431

Phone: 775-827-9670
Fax: 775-827-9678
Web Site: www.summitlaketribe.org

Date:

Name:

Address:

City/State/Province:

Zip/Postal Code:

Soc. Sec. Number:

Home Phone: Cell

Phone:

Positions Applied for:

Rate of Pay Desired:

Hours Available to Work:

Mon	<input type="text"/>
Tues	<input type="text"/>
Wed	<input type="text"/>
Thurs	<input type="text"/>
Fri	<input type="text"/>
Sat	<input type="text"/>
Sun	<input type="text"/>

Full-Time part-time Full or part-time

When available to begin work?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Bus. or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a crime: yes no

If yes, please explain all charges in detail (use space on Page 4 to continue):

Do you have a drivers license? yes no State/Number:

Have you had any accidents in the past 3 years? yes no How many?

Do you have any moving violations in the past 3 years? yes no How many?

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills:

Typing

Computer: PC MAC Both

Applications (list all that apply):

Other Skills:

Please list at least 3 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		
Years/Months Known		

Name		
Position		
Company		
Telephone		
Years/Months Known		

Are you claiming Indian Preference? Yes No

Tribe and Enrollment Number:

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

CERTIFICATION

If hired, employment with the SUMMIT LAKE PAIUTE TRIBE is expressly "At Will". Either the employee or the SUMMIT LAKE PAIUTE TRIBE may terminate the employment relationship in any manner not prohibited by law. (This means there are no contracts or agreements, EXPRESSED or IMPLIED, which assure or guarantee a person's employment for any period of time. Nothing in the employment relationship is intended, nor may be construed, considered, or relied upon as comprising part of a contract or agreement of any kind between employer and employee.)

Relative to Nevada Revised Statutes (NRS) 41.430, the governing body of the Summit Lake Paiute Tribe does not consent to the jurisdiction of the State of Nevada in Summit Lake Indian Country (also known as the Summit Lake Indian Reservation) or any other Indian Country which the Summit Lake Paiute Tribe may occupy.

Like the Congress of the United States, prior to the enactment of the Federal Tort Claims Act, the Summit Lake Paiute Council stands ready to address all complaints and claims for money damages or other relief against the Summit Lake Paiute Council or any official or employee of the Summit Lake Paiute Tribe.

I hereby certify that all the information given on this application is true and correct to the best of my knowledge, information and belief.

Applicant Signature: _____ **Date:** _____

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

Having made application for a position with the SUMMIT LAKE PAIUTE TRIBE for the position of _____, I wish them to be informed as to my previous record and character, to help determine my qualifications and suitability for the position.

For this specific purpose, and for a period of time not to exceed ninety (90) days from the date I signed this Authorization, I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be release to any duly authorized agent of the SUMMIT LAKE PAIUTE TRIBE, upon presentation of this waiver, or a copy of this waiver, whether presented in person, by mail, fax, or other method of conveyance.

A copy of this waiver is to be considered as valid as the original bearing my original

signature. Examples of types of information I am requesting that you provide include, but

are not limited to:

- Dates of employment;
- Rate of pay;
- Job title;
- Dependability;
- Honesty;
- Attitude the job;
- Attitude towards policies regarding personal appearance and keeping vehicles in a reasonably clean condition; Attitude towards fellow employees;
- Educational history;
- Information you possess concerning my qualifications and suitability for the position I am applying; and, Reason(s) I left my employment positions.

I hereby release you as the custodian of such records, and any law enforcement agency, criminal justice agency, school, college, university, or other educational institution, including officers, agents, employees, related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

I also authorize the Summit Lake Paiute Tribe to check with its motor vehicle insurance company or underwriter to determine whether I can be insured to operate any of the Tribe's vehicles.

Print Full Name: _____ Social Security #: _____

Drivers License Number and State of Issue: _____

Date of Birth: _____

Signature: _____

Date: _____