

SOUTHERN CALIFORNIA TRIBAL CHAIRMEN'S ASSOCIATION, INC.

P.O. Box 1470

Valley Center, CA 92082

(760) 742-8606

APPLICATION FOR EMPLOYMENT

AT WILL EMPLOYMENT - EQUAL OPPORTUNITY EMPLOYER WITH INDIAN PREFERENCE

PERSONAL INFORMATION

DATE _____ SOCIAL SECURITY NUMBER _____ ARE YOU 18 YRS. OLD OR OLDER? YES NO

NAME _____
LAST FIRST MIDDLE

MAILING ADDRESS _____
P.O. BOX OR STREET CITY STATE ZIP CODE

PHONE NO. _____ FAX NO _____ E-MAIL _____

ANY SPECIAL CONTACT INFORMATION

IF RELATED TO ANYONE IN OUR EMPLOY. REFEREED BY
 STATE NAME AND DEPARTMENT _____

EMPLOYMENT DESIRED (You must list an SCTCA job title(s) in the position blank) (attach pages if needed) (circle choices)

POSITION(S)	DATE YOU CAN START	ARE YOU AVAILABLE FOR:	FULL TIME	PART TIME	TEMPORARY					
		ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?	YES	NO	EVER WORKED HERE BEFORE?	YES	NO	EVER APPLIED TO THIS COMPANY BEFORE?	YES	NO
SALARY DESIRED	<small>(Proof of citizenship or immigration status will be required upon employment)</small>									

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES NO IF YES PLEASE EXPLAIN:
(Conviction will not necessarily disqualify applicant from employment)

IS THERE ANYTHING THAT PREVENTS YOU FROM WORKING WITH MINORS? YES NO IF YES PLEASE EXPLAIN:

*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE

EDUCATION	TOTAL YEARS OF EDUCATION (Circle One) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+																			
	SCHOOL INFORMATION NAME, CITY AND STATE	DID YOU GRADUATE?																		
GRAMMAR SCHOOL			YES ☉	NO ☉																
HIGH SCHOOL			YES ☉	NO ☉	DIPLOMA ☉	GED ☉														

(Attach pages if needed)	INDICATE TYPE OF DEGREE, CERTIFICATE OR LICENSE BELOW		COURSE OF STUDY	
COLLEGE		YES ☉	NO ☉	
		YES ☉	NO ☉	
		YES ☉	NO ☉	
TRADE BUSINESS OR CORRESPONDENCE SCHOOL		YES ☉	NO ☉	
		YES ☉	NO ☉	

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK. LIST ANY SPECIAL TRAINING OR SKILLS

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ WRITE

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD
(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status)

FILL IN COMPLETELY. DO NOT REFER TO A RESUME

ARE YOU EMPLOYED NOW _____ IF YOU DO NOT WISH US TO CONTACT YOUR PRESENT EMPLOYER AT THIS STAGE OF YOUR APPLICATION, PLEASE CHECK HERE

FORMER EMPLOYERS

.(LIST BELOW LAST FOUR EMPLOYERS. STARTING WITH PRESENT OR LATEST EMPLOYER. WE MAY CONTACT EMPLOYERS FOR REFERENCES. .)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
PRESENT/LATEST FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. THESE PEOPLE MAY BE CONTACTED AS A REFERENCE

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO

INDIAN PREFERENCE: SOUTHERN CALIFORNIA TRIBAL CHAIRMEN'S ASN. IS AN EQUAL OPPORTUNITY EMPLOYER WITH AMERICAN INDIAN PREFERENCE

American Indian Yes No IF YES, INDICATE TRIBAL AFFILIATION _____

Enrolled Member Yes No IF YES Tribe (legal name) _____ Enrollment No. _____

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD NOT TO EXCEED ONE YEAR. IF I WISH TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS PERIOD, I UNDERSTAND THAT I NEED TO INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME. I UNDERSTAND THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT FROM THE EMPLOYER CONSTITUTES AN EMPLOYMENT CONTRACT UNLESS A SPECIFIC DOCUMENT TO THAT EFFECT IS EXECUTED BY THE EMPLOYER AND ME IN WRITING. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. FURTHER, I UNDERSTAND AND AGREE THAT IF OFFERED THIS EMPLOYMENT, IT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. I UNDERSTAND ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER. A VALID CALIFORNIA DRIVERS LICENSE, AND DRUG TEST WILL BE REQUIRED. BACKGROUND AND HEALTH SCREENING, A CLEAN DRIVING RECORD TO BE ELIGIBLE FOR SCTCA VEHICLE INSURANCE, AND HEALTH PHYSICAL MAY BE REQUIRED.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS

HIRED/APPROVED BY

DATE

WAGE