

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
<hr/>				
NAME	LAST	FIRST	MIDDLE	
<hr/>				
MAILING ADDRESS	P.O. BOX OR STREET	CITY	STATE	ZIP CODE
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PHONE NO.	FAX NO	E-MAIL		

ANY SPECIAL CONTACT INFORMATION

IF RELATED TO ANYONE IN OUR EMPLOY. STATE NAME AND DEPARTMENT	REFEREED BY
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EMPLOYMENT DESIRED (You must list an SCTCA job title(s) in the position blank) (attach pages if needed) (circle choices)

	DATE YOU CAN START	ARE YOU AVAILABLE FOR:	FULL TIME	PART TIME
POSITION(S)			YES	NO
SALARY DESIRED	(Proof of citizenship or immigration status will be required upon employment)	EVER WORKED HERE BEFORE? EVER APPLIED TO THIS COMPANY BEFORE?	YES	NO

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <i>(Conviction will not necessarily disqualify applicant from employment)</i>	YES NO	IF YES PLEASE EXPLAIN:	
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IS THERE ANYTHING THAT PREVENTS YOU FROM WORKING WITH MINORS?	YES NO	IF YES PLEASE EXPLAIN:	
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DO YOU HAVE A NEED FOR ACCOMADATIONS FOR ANY DISABILITY?	YES NO	IF YES, EXPLAIN	
DO YOU HAVE ANY HEALTH OR PHYSICAL ISSUES THAT WOULD PREVENT YOU FROM PERFORMING THE DUTIES RELATED TO THE JOB(S) FOR WHICH YOU ARE APPLYING?	YES NO	IF YES, 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+
GRAMMAR SCHOOL	SCHOOL INFORMATION NAME, CITY AND STATE							DID YOU GRADUATE?										
								YES <input type="checkbox"/>	NO <input type="checkbox"/>									
HIGH SCHOOL								YES <input type="checkbox"/>	NO <input type="checkbox"/>	DIPLOMA <input type="checkbox"/>	GED <input type="checkbox"/>							

(Attach pages if needed)		INDICATE TYPE OF DEGREE, CERTIFICATE OR LICENSE BELOW			↓	↓	COURSE OF STUDY
COLLEGE		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
		YES <input type="checkbox"/>	NO <input type="checkbox"/>				

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 ASSN. 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 ⑦ _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____
 REMARKS _____

HIRED/APPROVED BY _____ DATE _____ WAGE _____