



APPLICATION FOR EMPLOYMENT

The FTDC is an equal employment opportunity employer and does not discriminate in employment based upon race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, sexual orientation or political beliefs. Pursuant to FTDC policy and 25 CFR, the FTDC does provide Tribal and Indian Preference to qualified applicants. **Please complete entire application to ensure proper processing.**

Position Applying For: _____	Application Date: _____
Division or Location: _____	

APPLICANT INFORMATION (please print)

Last Name _____	First Name _____	Middle Initial _____
Mailing Address _____	Home Phone Number _____	
City, State, and Zip Code _____	Work Phone Number _____	
E-Mail Address (if you would like information sent also to your e-mail account) _____	Cell Phone Number _____	

Other Names Know By: _____

Are you under the age of 18? Yes No Are you legally eligible for employment in the U.S.? Yes No
(all new hires will be required to provide proof of eligibility to work in the U.S.)

Are you under the age of 21? Yes No

Have you every worked for the Fallon Tribal Development Corporation and/or the Fallon Paiute-Shoshone Tribe? Yes No

If yes, list dates and departments/locations: _____

EMPLOYMENT DESIRED (if applying for a position in a retail division, keep in mind that the availability of hours and days may vary)

Type of Work Desired: Full-Time Part-Time As-Needed/On-Call Any

Salary Desired _____ Date You Can Start _____

Hours of Work Desired _____ Can you travel if required? Yes No

Specify hours available for each day of the week <small>(this is not a confirmation or promise that these will be your working hours)</small>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you able to work on: **Evenings:** Yes No **Holidays:** Yes No **Overnights:** Yes No **Overtime:** Yes No

EDUCATION BACKGROUND

	Name and Address of School	Dates of Attendance		Did You Graduate?	Degree Awarded/ Field of Study
		From	To		
High School or Equivalent Program				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending	
Trade, Business, or Other School				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending	

PROFESSIONAL CERTIFICATES (List current certificates of professional/vocational competence, licenses, and expiration dates)

Title _____ Issuing Agency _____
 Date Issued _____ Expiration Date _____ ID # _____

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TRAINING AND/OR SPECIAL SKILLS

List skills relevant to position: _____

Office Skills: Typing (_____/wpm) 10-Key Other: _____

Retail Skills: Inventory Tracking Scanners Point-of-Sale (POS) Systems: _____

Accounting: A/P A/R Payroll General Ledger Purchasing

Computer Software Programs:

Word Processor N/A Beginner Intermediate Advanced **Programs Used:** _____
 (Word, WordPerfect, etc.)

Spreadsheets N/A Beginner Intermediate Advanced **Programs Used:** _____
 (Excel, 1-2-3, etc.)

Database N/A Beginner Intermediate Advanced **Programs Used:** _____
 (Access, SQL, etc.)

Publishing N/A Beginner Intermediate Advanced **Programs Used:** _____
 (Publisher, Pagemaker, etc.)

Other N/A Beginner Intermediate Advanced **Programs Used:** _____
 (list other programs used)

Bilingual Ability (please list languages - other than English - in which you are fluent and circle applicable skills)

Language: _____ Speak Only Speak / Read / Write

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DRIVER'S LICENSE

Do you have a current and valid Driver's License? Yes No Do you have reliable transportation? Yes No

Driver's License No. _____ State of Issue: _____ Expiration Date: _____

Special License Endorsements: Operator Commercial (CDL) Other: _____

In last three years have you had: Accidents - how many? _____ Moving Violations - how many? _____

REFERENCES (List the names of three professional references, who you have known for at least one year)

Name	Address & Phone Number	Business/ Organization	Years Known?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EMPLOYMENT HISTORY

Please complete even if you attach a resume. Detail your entire work history. Begin with your current or most recent employer. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. The FTDC reserves the right to contact all current and former employers for reference information.

1	Current/Last Employer		Your Official Job Title			
	Mailing Address		Name and Phone No. of Immediate Supervisor			
Number of Employees Supervised:		Equipment Operated at the Workplace:		Reason for Leaving:		
FROM Month/Year	TO Month/Year	Number of Hours per Week	Beginning Salary: (<input type="checkbox"/> hourly <input type="checkbox"/> monthly)	Ending Salary (<input type="checkbox"/> hourly <input type="checkbox"/> monthly)	May We Contact this Employer? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	
Describe the duties performed:						
Please check this box if you would like us to contact you first before contacting your current employer: <input type="checkbox"/>						

2	Prior Employer		Your Official Job Title			
	Mailing Address		Name and Phone No. of Immediate Supervisor			
Number of Employees Supervised:		Equipment Operated at the Workplace:		Reason for Leaving:		
FROM Month/Year	TO Month/Year	Number of Hours per Week	Beginning Salary: (<input type="checkbox"/> hourly <input type="checkbox"/> monthly)	Ending Salary (<input type="checkbox"/> hourly <input type="checkbox"/> monthly)	May We Contact this Employer? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	
Describe the duties performed:						

3	Prior Employer		Your Official Job Title			
	Mailing Address		Name and Phone No. of Immediate Supervisor			
Number of Employees Supervised:		Equipment Operated at the Workplace:		Reason for Leaving:		
FROM Month/Year	TO Month/Year	Number of Hours per Week	Beginning Salary: (<input type="checkbox"/> hourly <input type="checkbox"/> monthly)	Ending Salary (<input type="checkbox"/> hourly <input type="checkbox"/> monthly)	May We Contact this Employer? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	
Describe the duties performed:						

4	Prior Employer		Your Official Job Title			
	Mailing Address		Name and Phone No. of Immediate Supervisor			
Number of Employees Supervised:		Equipment Operated at the Workplace:		Reason for Leaving:		
FROM Month/Year	TO Month/Year	Number of Hours per Week	Beginning Salary: (<input type="checkbox"/> hourly <input type="checkbox"/> monthly)	Ending Salary (<input type="checkbox"/> hourly <input type="checkbox"/> monthly)	May We Contact this Employer? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	
Describe the duties performed:						

Explain any gaps in your employment history _____

PRE-EMPLOYMENT TEST AND BACKGROUND CHECK

If an employment offer is made, are you willing to take and pay for a pre-employment drug and alcohol test prior to starting work with the FTDC and which may affect the offer of employment (this will be deducted from your first paycheck)? Yes No

If an employment offer is made, are you willing to take a background check and that the results of which may affect any employment offer and may be cause for immediate termination? Yes No

CRIMINAL HISTORY (exclude minor traffic offenses)

- 1. Have you ever been convicted of a felony for fraud, embezzlement, larceny, theft, or a similar financial-related charge? Yes No
- 2. Have you been convicted of a felony, excluding DUI/DWI's, within the last five (5) years? Yes No
- 3. Have you ever been convicted of forgery, or willful or unlawful concealment, removal, mutilation, or destruction (or attempts) of public records and materials and misuse of technology systems within the last five (5) years? Yes No
- 4. Have you been convicted of a misdemeanor within the last three (3) years? Yes No
- 5. Have you been convicted of a misdemeanor involving a violent crime(s) against persons within the last five (5) years? Yes No
- 6. Have you been convicted of a felony for DUI/ DWI within the last three (3) years? Yes No
- 7. Have you been convicted of a misdemeanor of a felony involving crimes of violence, sexual assault, molestation, exploitation, prostitution, or any other offense against children and/or elders? Yes No

If you answered yes to any of the above questions, please explain the date, violation, disposition of the arrest or charge, place of occurrence, and the name and address of the court and/or police department or court involved.

PREFERENCE INFORMATION

- VETERAN'S PREFERENCE:** Have you every served in the United States Military Yes No
 Do you claim Veteran's Preference (a copy of your DD-214 must be attached)? Yes No
- TRIBAL PREFERENCE:** Are you a member of the Fallon Paiute-Shoshone Tribe? Yes No
 Tribal Enrollment Number (attach a copy of enrollment card): _____
- INDIAN PREFERENCE:** Are you a member of a U.S. Federally-Recognized Indian Tribe: Yes No
If yes, list Tribe: _____
 Tribal Enrollment Number (attach copy of enrollment card or other documentation): _____

APPLICANT'S STATEMENT & AUTHORIZATION TO RELEASE INFORMATION

I certify that answers given herein are true and complete to the best of my knowledge. I understand that the Fallon Tribal Development Corporation (FTDC) 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 FTDC. 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 FTDC and its officers and employees harmless in that event. I understand, also, that I am required to abide by all rules and regulations of the FTDC.

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. Nothing in this document constitutes a legal contract for employment and if I am hired I acknowledge that employment with the FTDC is at-will. I hereby authorize the FTDC and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the FTDC and authorizes the release of any such information, including, but not limited to, any criminal conviction on my record. Moreover, I hereby release the FTDC and any agent acting on its behalf from any liability by reason of requesting such information from any person.

 Full Name (Print)

 Signature/Authorization

 Date Signed

VOLUNTARY INFORMATION FOR AFFIRMATIVE ACTION

Position Applying For: _____

Application Date: _____

Division or Location: _____

Completion of the Information below is voluntary

We consider all applicants for position without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard or any other similar protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

This will not be used for interview purposes - THIS WILL BE FILED SEPARATELY FROM APPLICATION

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is greatly appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Last Name _____ First Name _____ Middle Initial _____ Sex/Gender _____

Mailing Address _____ Home Phone Number _____

City, State, and Zip Code _____ Work Phone Number _____

E-Mail Address (if you would like information sent also to your e-mail account) _____ Cell Phone Number _____

Please check one of the following equal employment opportunity identification groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
 American Indian / Alaskan Native Asian / Pacific Islander Other

If you marked American Indian / Alaskan Native from above, what Tribe are you enrolled with:

- Fallon Paiute-Shoshone Tribe Other Tribe - list name: _____

Have you every served in any branch of the armed forces of the United States of America?

- Navy Marines Corps Air Force Army Coast Guard

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Position applied for: _____ Available Not Available

Other positions considered for: _____

Hired? Yes No Date of Hire: _____

Position Hired For: _____

From the EEO Job Classifications listed below, which one best described the position filled?

- Officials and Managers Sales Workers Operators (semi-skilled)
 Professionals Office Clerical Laborers (unskilled)
 Technicians Craft Workers

Notes: _____

Completed by: _____ Date: _____