



DIAMOND MOUNTAIN SMOKE SHOP, LLC. EMPLOYMENT APPLICATION

Indian preference in employment and training (PL 93-638)

IMPORTANT: Complete each section. If not applicable, indicate so with "N/A". Failure to do so will cause delays in the process and/or void application.

Each paragraph of page three **MUST** be initialed. Failure to do so may cause delays and/or void application.

Please type or print all answers. **Do not use pencil.**

Writing must be legible. Failure to do so may cause delays and/or void application.

If needed, attach additional documents or explanation sheets.

Each statement made in this application is subject to verification, so please do not misstate or omit any material fact/s.

Any corrections, changes, or other alterations must be initialed and dated by the applicant.

Each page, which includes any additional pages, must be initialed in the lower right-hand corner. By placing your initials on each page, you are attesting to the accuracy and completeness of the information contained on that page.

You are advised that this employment application is an official document and misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation.

Diamond Mountain Smoke Shop, LLC Administrative Offices 1119 Lassen Ave Herlong, CA 96130
530-252-4209 - Fax 530-725-4088

_____ Initials



DIAMOND MOUNTAIN SMOKE SHOP, LLC EMPLOYMENT APPLICATION

Indian preference in employment and training (PL 93-638)

Date of Application: _____

Phone No: _____

Name _____
Last First MI

SSN: _____

Address: _____
Street City State Zip

Mailing Address: (if different from above)

Address: _____
Street City State Zip

Position applying for: _____ Wage expected: _____ Date Available: _____

Do you have any friends or relatives working for SIRCO, Diamond Mountain Mini-Mart, Diamond Mountain Casino Hotel, Diamond Mountain Smoke Shop, SIRCO Property Management, Diamond Mountain Manufacture, SIRCO Linen, Native Mix, Inc.?
 Yes No

If yes, state name(s) and relationship:

Name Relationship

Name Relationship

- Are you under 21 years of age? Yes No
- If hired, would you have problems getting transportation to and from work? Yes No
- If hired, would we be able to consistently contact you within 30 minutes of work? Yes No
- Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No
- Are you a member of the Susanville Indian Rancheria? Yes No
- Are you eligible for Indian preference? Yes No
- Are you eligible for preference as a member of an Indian Household? Yes No

If you answered **yes** to any question(s) above, please explain:

PLEASE INCLUDE A COPY OF ENROLLMENT CARD IF YOU ARE APPLYING UNDER INDIAN PREFERENCE (PL 93-638)

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EDUCATION, TRAINING and EXPERIENCE

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High School	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Name	No. of Years Completed	Did you Graduate?		

	Address				

City	State	Zip			

College/ University	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Name	No. of Years Completed	Did you Graduate?		Degree

	Address				

City	State	Zip			

Vocational/ Business	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Name	No. of Years Completed	Did you Graduate?		Degree

	Address				

City	State	Zip			

Employment History

List below all present and past employment starting with your most recent employer (last five years). Account for all periods of unemployment. You must complete this section even if attaching a resume'.

_____	_____	From _____	To _____
Name of Employer	Telephone No.	Dates Employed Month & Year	
_____	_____	_____	_____
Type of Business	Your Position	Your Supervisor's Name	
_____	_____	_____	_____
Address	Street	City	State Zip
Reason for Leaving			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

_____	_____	From _____	To _____
Name of Employer	Telephone No.	Dates Employed Month & Year	
_____	_____	_____	_____
Type of Business	Your Position	Your Supervisor's Name	
_____	_____	_____	_____
Address	Street	City	State Zip
Reason for Leaving			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Attach additional page(s) if necessary.

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