



**SUSANVILLE INDIAN RANCHERIA
SIR GAMING COMMISSION**

HUMAN RESOURCE DEPARTMENT
745 Joaquin Street
Susanville, CA 96130

**LASSEN INDIAN HEALTH CENTER
SIERRA HOUSING PROGRAM**

DIAMOND MOUNTAIN MINI-MART

FOR OFFICE USE
Date received: _____

APPLICATION FOR EMPLOYMENT

This application is considered for 90 days. If you wish to be considered for later employment, you must renew your application in person at the Human Resource Department.

PERSONAL

1. Last Name		First	Middle	2. Social Security Number	
3. Street Address				4. Date	
5. City, State, Zip				6. Home Telephone	
7. Position Desired				8. Business Telephone	
9. Do you have the ability to perform job-related functions? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what are your limitations?				10. Pay Expected	
11. Have you ever applied for work with the Susanville Indian Rancheria before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when _____				12. When will you be available to begin work? _____	
13. Are you related to a Tribal Business Council member or employee of the Susanville Indian Rancheria? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name(s) _____					
14. Are you applying under Indian Preference (42 CFR 36.221)? <input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____ YOU MUST ATTACH A COPY OF YOUR ENROLLMENT CARD FOR INDIAN PREFERENCE. Have you attached a copy? <input type="checkbox"/> yes <input type="checkbox"/> No					
15. Fluent in languages other than English: _____ Read <input type="checkbox"/> Y <input type="checkbox"/> N Write <input type="checkbox"/> Y <input type="checkbox"/> N					
16. List skills that qualify you for this position: _____ _____					
17. Special training or skills (languages, machine operation, etc.) <input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> MS Outlook <input type="checkbox"/> Typewriter _____ wpm <input type="checkbox"/> Computer _____ wpm <input type="checkbox"/> 10 Key <input type="checkbox"/> Dictaphone <input type="checkbox"/> Other Skills _____					

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?
18. Graduate	19.	20.	21.	22. <input type="checkbox"/> Yes <input type="checkbox"/> No
23. College	24.	25.	26.	27. <input type="checkbox"/> Yes <input type="checkbox"/> No
28. Business/ Trade/Technical	29.	30.	31.	32. <input type="checkbox"/> Yes <input type="checkbox"/> No
33. High School	34.	35.	36.	37. <input type="checkbox"/> Yes <input type="checkbox"/> No

38. Give three reasons as to why you would be an asset to this company: _____

39. If an offer of employment is made, prior to your commencement of employment duties, you may be required to undergo a medical examination and/or drug test, the results of which may affect the offer of employment. Are you willing to undergo such an exam? Y N

40. Have you ever been convicted of any thing other than a minor traffic violation? Y N
If yes, please explain on a separate page. If you are hired, this separate page will not appear in your personnel file.

LIST OF WORK RELATED REFERENCES

List three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known	Relationship to Applicant	Type of Reference
41.	42.	43.	44.	45. <input type="checkbox"/> Personal <input type="checkbox"/> Professional
46.	47.	48.	49.	50. <input type="checkbox"/> Personal <input type="checkbox"/> Professional
51.	52.	53.	54.	55. <input type="checkbox"/> Personal <input type="checkbox"/> Professional

EMPLOYMENT

MUST BE DETAILED AND ACCURATE TO AVOID DISQUALIFICATION. Please give accurate, complete full-time and part-time employment record. Start with you present or most recent employer. Referral to resumes or other submitted documentation under employment history is not acceptable. Resume may be submitted as additional information only.

56. Company Name	57. Telephone
58. Address (include Street, City, State and Zip)	59. Employed – (State month and year) From _____ To _____
60. Name of Supervisor	61. Weekly pay Start _____ Last _____
62. State Job Title and Describe Your Work	63. Reason for Leaving
64. May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	

65. Company Name	66. Telephone
67. Address (include Street, City, State and Zip)	68. Employed – (State month and year) From _____ To _____
69. Name of Supervisor	70. Weekly pay Start _____ Last _____
71. State Job Title and Describe Your Work	72. Reason for Leaving

73. Company Name	74. Telephone
75. Address (include Street, City, State and Zip)	76. Employed – (State month and year) From _____ To _____
77. Name of Supervisor	78. Weekly pay Start _____ Last _____
78. State Job Title and Describe Your Work	80. Reason for Leaving

81. Explain any gaps in employment:

I authorize investigation of all statements on this application. It is further understood that misrepresentation or omission of facts called for herein will result in cancellation of this application or dismissal from Susanville Indian Rancheria if employed. Upon employment I will submit genuine documentation that establishes employment eligibility and authorization to be legally employed within the United States.

Employment at the Susanville Indian Rancheria is considered At-Will. Employment can be terminated by you or the company at any time with or without cause. No representative other than the Tribal Chairman for the Susanville Indian Rancheria or the Program Director for the Lassen Indian Health Center has the authority to enter into any employment agreement.

82. _____
Signature

83. _____
Date

APPLICANT STATEMENT OF UNDERSTANDING AND RELEASE OF LIABILITY

AUTHORIZATION TO RELEASE INFORMATION

I, 84. _____, am applying for a position with the Susanville Indian Rancheria. I hereby signify my willingness to appear for interviews in regard to my application and authorize Susanville Indian Rancheria's representatives to consult with other institutions with which I have been associated and personal references who may have information bearing on my professional competence, character, ethical qualifications, assaultive behaviors and criminal convictions. I further consent to the release/disclosure to the Susanville Indian Rancheria all educational, professional and criminal records that may be material to an evaluation of my qualifications and competence, as well as my ethical behavior for staff membership.

I hereby release from liability all representatives, facilities, educational institutions and training programs which I have attended and/or worked for, from their acts performed in good faith and without malice in connection with evaluating my credentials and qualifications. I also hereby release from any liability any and all individuals and organizations who provide information to the Susanville Indian Rancheria's staff in good faith and without malice concerning my, education, professional competence, ethics, character and other qualifications.

I certify that the statements/documents that I have made/provided in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

I fully understand that a false statement to any question in this application or the misrepresentation of information otherwise provided, may cause my application to be disqualified or constitute immediate termination if employed.

I have read and understand above statement.

85. _____
Date

86. _____
Signature

87. _____
Social Security number

FOR EMPLOYER'S USE ONLY**Testing Results**

Tests Administered	Raw Score	Rating	Analysis and Comments
Math			
Grammar			
Spelling			
Vocabulary			
Computer Knowledge			
Office Skills			
Other			