

**SUSANVILLE INDIAN RANCHERIA  
HOUSING AUTHORITY**

870 Joaquin Street  
Susanville, CA 96130

FOR OFFICE USE ONLY  
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 Susanville Indian Rancheria Human Resource Department located at 745 Joaquin St, Susanville Ca 96130 (530-257-4291).

If applying under Indian Preference (42 CFR 36.221); state tribe and **attach a copy of your enrollment card**. This **MUST** be included to receive Indian preference.

Tribe:			Social Security Number:		
Last Name	First	Middle	Date		
Street Address			Home Telephone		
City, State, Zip			Business Telephone		
Position Desired			Pay Expected		
Do you have the ability to perform job-related functions? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?		
If not, what are your limitations?			Do you have a valid driver's license? <input type="checkbox"/> Y <input type="checkbox"/> N License # _____		
Have you ever applied for work with the Susanville Indian Rancheria? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____					
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): _____					
Fluent in languages other than English? _____			Read <input type="checkbox"/> Y <input type="checkbox"/> N		Write <input type="checkbox"/> Y <input type="checkbox"/> N
List skills that qualify you for this position: _____					

Special Training or skills (machine operations, etc.)  
 MS Word  MS Excel  MS Outlook  Typewriter \_\_\_wpm  Computer \_\_\_wpm  10key  Dictaphone  
 Other Skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION**

School	Name and Location of School	Course of Study	No. of years completed	Did you graduate?
Graduate				
College				
Business/ Technical/Trade				
High School				

Give three reasons as to why you would be an asset to this company: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If an offer of employment is made, prior to your commencement of the 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

Have you ever been convicted of anything 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.

## WORK RELATED REFERENCES

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

Name	Telephone Number	Years Known	Relationship to Applicant	Type of Reference
				<input type="checkbox"/> Personal <input type="checkbox"/> Professional
				<input type="checkbox"/> Personal <input type="checkbox"/> Professional
				<input type="checkbox"/> Personal <input type="checkbox"/> Professional

**MUST BE DETAILED AND ACCURATE TO AVOID DISQUALIFICATION.** Please give accurate, complete full-time and part-time employment record. Start with your 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.**

Company Name	Telephone
Address (include Street, State, and Zip)	Employed- (State month and year) From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving
May we contact now? Yes No If no, please explain:	

Company Name	Telephone
Address (include Street, State, and Zip)	Employed- (State month and year) From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone
Address (include Street, State, and Zip)	Employed- (State month and year) From _____ To _____
Name of Supervisor	Weekly pay Start _____ Last _____
State Job Title and Describe Your Work	Reason for Leaving

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 the Susanville Indian Rancheria housing Authority, if employed. Upon employment I will submit genuine documentation that establishes employment eligibility and authorization to be legally employed with the United States.

Employment at the Susanville Indian Rancheria housing Authority 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 Chairman or the Program Manager for the Susanville Indian Rancheria Housing Authority has the authority to enter into any employment agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT STATEMENT OF UNDERSTANDING AND RELEASE OF LIABILITY**

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, am applying for a position with the Susanville Indian Rancheria Housing Authority. I hereby signify my willingness to appear for interviews in regard to my application and authorize Susanville Indian Rancheria's Housing Authority representatives to consult with other institutions with which I have been associated and personal references who may have information bearing my professional competence, character, ethical qualifications, assaultive behaviors and criminal convictions. I further consent to release/disclosure to the Susanville Indian Rancheria Housing Authority 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 and all individuals and organizations that provide information to the Susanville Indian Rancheria Housing Authority's staff in good faith and without malice, concerning my; education, professional competence, ethics, character and other qualifications.

I certify that the statements/documents 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 applications to be disqualified or constitute immediate termination if employed.

I have read and understand the above statement.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**SUSANVILLE INDIAN RANCHERIA  
HOUSING AUTHORITY  
SUPPLEMENT APPLICATION**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**I WILL ACCEPT:**       **FULL TIME**                       **PART TIME**                       **BOTH**

PLEASE CHECK THE FOLLOWING INFORMATION AS IT APPLIES TO YOU.

**INDIAN**                       **NON-INDIAN**                       **FEMALE**                       **MALE**

**LEVEL OF EXPERIENCE / TRAINING**

	<b>LITTLE</b>	<b>SOME</b>	<b>SKILLED</b>
Laborer			
Framing Carpenter			
Carpentry			
Roofing			
Plumbing			
Electrical			
Concrete			
Heating / Cooling			
Insulation			
Drywall / Tape / Texture			
Flooring / Floor Covering			
Cabinets / Woodworking			
Clean-Up Crew			
Painting Interior			
Painting Exterior			
Operation of Heavy Equipment			

**PLEASE SEND OR DELIVER WITH ORIGINAL APPLICATION TO:**

**SUSANVILLE INDIAN RANCHERIA  
HUMAN RESOURCE DEPARTMENT  
745 JOAQUIN STREET  
SUSANVILLE, CA. 96130  
PHONE: (530) 257-4921  
FAX: (530) 251-1895**