

Employment Application

HUALAPAI NATION

HUMAN RESOURCE DEPARTMENT

PO Box 179 ◆ Peach Springs, Arizona 86434-0179 ◆ 928-769-2216

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In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions with regard to age, sex, race, physical disability, religion or marital status except that Indian Preference may be provided to persons to Indian descent as provided for in Public Law 88-353 (7-2-72). The only time preference will be imposed is when a bonafied occupational qualification exists.

*** Please Complete all information requested to the best of your knowledge on application, do not leave any

questions blank. If the question does not pertain please put N/A or NONE for Answer. Applications which are not completely filled out will not be considered. Date: Position Applied for (Be Specific: Please use job title on job announcement) Up to three (3) positions per application Soc Security No. _____ Name _____ Mailing Address____ Street or P.O. Box Number City Zip Telephone () _____ Message Telephone () Email Address Do schools, references, know you by another name? No \square Yes \square If yes, by what name(s)? ARE YOU CLAIMING INDIAN PREFERENCE? No □ Yes □, If yes, Which Tribe? **Notice:** Please attached a **Copy of your Tribal Enrollment card if claiming Indian Preference** Are you a citizen of the United States? No □ Yes □ If you are not a United States citizen, are you able to work in the United States? No \(\sigma\) Yes \(\sigma\) ARE YOU RELATED TO ANYONE WHO IS CURRENTLY EMPLOYED IN THE DEPARTMENT YOU ARE APPLYING FOR? No \square Yes \square If yes, list name(s) and relationship

question does not pertain please put N/A or	NONE for Answer. Appl	ications which are not completely fil	led out will not be considered		
Do you have a valid Driver Licen ☐ Operator ☐ Com	se? No □ Yes □ mercial (CDL)	Issuance State of License/i	nfo.		
Are you at least 18 years of age?	Yes □	No □ If not, age			
Have you been convicted of a felo (A conviction does not automatically men manifestly inconsistent with the safe and	an you cannot be conside	ered for employment. Records are			
If yes, describe in full, including of	conviction(s), senter	ace(s) imposed, date(s) of of	fense(s)		
	EDUCATION	& TRAINING			
Name and address of High Schoo	l Attended:				
Graduated? No □ Yes □	Graduated? No □ Yes □ Date of Graduation:				
If you did not graduate High Scho Date of Completion :					
Name and address of GED School	l/Place:				
NOTE OF ANY					
NOTE (IF ANY):					
Notice: Please attach a copy of your High S submitted a copy of your HS Diploma or G already been submitted)					
Higher Education					
Name of College, University Trade School or Special Training	Address	Dates Attended From To	Type of Degree or CertificateReceived (or Area of Study)		

*** Please Complete all information requested to the best of your knowledge on application, do not leave any questions blank. If the

MILITARY

Branch of Service:	Highest Rank or Rating:					
Dates of Service:	To					
Specialized Field of Training						
Are you now a member	of the National guard?	es 🗆 No				
REFERENCES: Please list three work references with direct knowledge of your <u>professional</u> experience						
Name	Full Address/Telephone	Email Add	ress	Occupation		
_						
Are you bondable? No l	□ Yes □					
Have you ever been bor	nded? No □ Yes □					
If yes, list companies ar	nd dates bonded					
1	CLERICAL APPI					
Clarical Skills, Typing				Don Minuto		
	Words Per Minute	Snortnand	words	Per Minute		
•	heck appropriate boxes below) otop Copier mach	nine Calcu	ılator 🗆			
Fax machine		10-K	ey 🗆			
List Other (s)						
				<u>-</u>		
Notice: If you have an Ar	rizona Clearance Card please put tl	nat here and attach a	copy of it with this	application		
Type of Arizona Lice Registration	ense or License or Regist	ration Number	Date of E	xpiration		
List Memberships in Professional Organizations: (You may attach a separate list)						
						

Please Complete work history information EMPLOYMENT EXPERIENCE

Please list your employment for the <u>last 5 years starting with the most recent</u>. **It is important to show all work experience and to account for all military service and periods of unemployment. If more room is needed, you may attach a separate sheet or resume** However, it MUST contain all information requested in this section. If you have experience (paid or volunteer) related to the job for which you are applying, include it in this application even if it is more than 5 years ago. (PLEASE DO NOT LEAVE BLANK)

Check here if you have no prior work experience ☐ Please explain or write what skills/ability you have for the position for which you are applying. Attach additional sheet(s) if necessary.					
Have you worked for the Hualapai Tribe be:	fore ? No [□ Yes □			
Have you worked for GCRC before?	No 🗆	☐ Yes ☐			
If Yes, are you currently employed with the Have you completed your six (6) month pro		-			
EMPLOYER	Rate of Pay	Position Held			
	Starting	Job Duties			
Company Name	\$				
Address	per				
City,StateZip					
Supervisor's Name					
Supervisor's Title					
	Final Pay	Reason for leaving			
Job Title	\$				
FromTo	per				
Are you currently employed with this Employer? No	□ Yes □				
If so, May we contact your present employer? No	□ Yes □				
EMPLOYER	Rate of Pay	Position Held			
	Starting	Job Duties			
Company Name	\$				
Address					
City,StateZip					
Supervisor's Name					
Supervisor's Title					
	Final Pay	Reason for leaving			
Job Title	_	rouson for fourting			
FromTo					
May we contact this employer? No ☐ Yes ☐	r ²²				

EMPLOYER	Rate of Pay	Position Held
	Starting	Job Duties
Company Name	\$	
Address	per	
City,StateZip		
Supervisor's Name		
Supervisor's Title		
	Final Pay	Reason for leaving
Job Title	\$	
FromTo	per	
May we contact this employer? No \square Yes \square		
EMPLOYER	Rate of Pay	Position Held
	Starting	Job Duties
Company Name	\$	
Address_	per	
City,StateZip		
Supervisor's Name		
Supervisor's Title		
	Final Pay	Reason for leaving
Job Title	\$	
FromTo	per	
May we contact this employer? No \square Yes \square		
knowledge. I agree to have any of the abording all liability or responsibility all personal distributions.	ove statements verificans, corporations, so that misrepresentations.	n is true and complete to the best of my fied by the Hualapai Tribe. I hereby release chools or other organizations furnishing true on/falsifying of facts may be cause for non-kept for six (6) months.
Signature		Date Revised on 12/07/2018