



Employment Application

HUALAPAI NATION

HUMAN RESOURCE DEPARTMENT

PO Box 179 Peach Springs, Arizona 86434-0179

◆ PHONE: 928-769-2216 ◆ FAX: 928-769-1191

E-Mail: coleen.mahone@hualapai-nsn.gov

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, sex, race, physical disability, religion or marital status except that Indian Preference may be provided to persons of Indian descent as provided for in Public Law Section 7 (6) P.L. 93-638 of the Indian Self Determination and Education assistance Act. 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, 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 may not be considered.

Date: _____

Position Applied for *(Please be Specific; use job title on job announcement)*

1. _____

Full Name _____
Last First Middle

Do schools, references, know you by another name? No Yes

If yes, by what name(s)? _____

Mailing Address _____
Street or P.O. Box Number City State Zip

Telephone () _____ Message Telephone () _____

Email Address _____

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 Yes

Social Security number _____ - _____ - _____

Are you at least 18 years of age? Yes No If No, age _____

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

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ARE YOU RELATED TO ANYONE WHO IS CURRENTLY EMPLOYED IN THE DEPARTMENT YOU ARE APPLYING FOR? No Yes

If yes, list name(s) and relationship _____

Do you have a valid Driver License? No Yes

*****If Yes, Please fill out the attached Driver license form for release of information, form is at end of application.**

Driver License information _____
Issuance State of License/info.

Operator (class D) Commercial (CDL)

Have you been convicted of a felony within the last seven years? No Yes

(A conviction does not automatically mean you are not eligible for employment. Records are checked to see if you are employable for the position you are applying for).

If yes, describe in full, including conviction(s), sentence(s) imposed,
Add date(s) of offense(s) if possible

Please fill out Background check consent form that is attached at the end of application if the job announcement requires a background check.

Do you have an Arizona Fingerprint card ? Yes No

If Yes, please fill out information below and attach a copy of it with this application

Issue Date:	Card Number	Date of Expiration

Are you bondable? No Yes

(Bondable means that you are trustworthy, reliable and do not have a financial criminal record. Worthy of bond or insurance coverage by a Co.)

Have you ever been bonded by your Employer? No Yes

If yes, list companies and dates bonded _____

Are you vaccinated against COVID-19 ? Yes No

If not, would you be willing to get vaccinated ? Yes No

If No, you may submit an exemption letter along with this application.

(Effective August 31, 2021, per Tribal resolution 58-2021 Mandating COVID-19 vaccinations for all Tribal government and Enterprise employees).

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EDUCATION & TRAINING

Did you graduate from High School? No Yes

Name of High School attended: _____

Address of High school attended: _____

Date (Month and Year) of Graduation : _____

If you did not graduate High School, have you completed a GED ? No Yes

Date of Completion : _____

NOTE (IF ANY) _____

Notice: Please attach a copy of your High School Diploma or GED certificate along with this application if you have not done so before and note that it has been submitted previously.

Higher Education

Name of College, University Trade School or Special Training	Address	Dates Attended		Type of Degree or Certificate Received (or Area of Study)
		From	To	

Notice: Please attach a copy of your certifications, degrees or transcripts for Higher Education

MILITARY

Are you a Veteran ? Yes No

Are you now a member of the National guard ? Yes No

REFERENCES

Please list three work references with direct knowledge of your professional experience

Name	Telephone	Email Address	Relationship

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EMPLOYMENT EXPERIENCE

Please Complete work history information

Have you worked for the Hualapai Tribe before ? No Yes

Have you worked for GCRC before ? No Yes

If Yes, are you currently employed with the Tribe ? Which department _____

Have you completed your six (6) month probationary period ? No Yes

Check here if you have no prior work experience

Please explain what skills/ability you have for the position for which you are applying. Attach additional sheet(s) if necessary.

WORK HISTORY

Please list your employment for the last 5 years starting with the most recent. **You may attach a resume' in leui of filling out the work history information.**

If you have work experience related to the job for which you are applying for (paid or volunteer), please include it in this application even if it is more than 5 years ago.

DO NOT LEAVE BLANK UNLESS YOU ARE ATTACHING A RESUME'

Resume' attached

EMPLOYER

Company Name: _____

Address _____

Phone number : _____

Hire date: _____ Ending date: _____

Rate of Pay

Starting Salary \$ _____ Ending Salary \$ _____

Job Title held: _____

Job Duties _____

Supervisor/Manager Name: _____ Title: _____

Are you currently employed with this Employer? No Yes

May we contact employer for a reference? No Yes

Reason for leaving : _____

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Company Name: _____

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Phone number : _____

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PLEASE READ CAREFULLY – APPLICATION FORM AUTHORIZATION

By signing below, I certify that all information contained on this application is true and complete to the best of my knowledge. I authorize to have any of the above statements and all forms verified by the Hualapai Tribe. I understand that misrepresentation/falsifying or omission of facts may be cause for non-hire or termination of employment at any time. I hereby give the Hualapai Tribe permission to contact previous employers (unless otherwise indicated), background check agencies and law enforcement, references, schools, and others, for verification of all statements contained in this application. I hereby release from liability or responsibility all persons, corporations, schools or other organizations including the Hualapai Tribe as a result of what is contained in this application. I understand that if my application is not signed, it will be placed in an incomplete file and there will be no further review of my application.

Signature

Date

Revised on 02/3/2022

Thank you for completing this application form and for your interest in our Company

- Your application and all supporting documentation will be kept on file in the Human Resources office for six (6) months, please keep a copy for your own records before submitting to the Human Resources department.*