



# Employment Application

## HUALAPAI TRIBE

### HUMAN RESOURCE DEPARTMENT

P.O. Box 179 Peach Springs, Arizona 86434-0179

Phone: 928-769-2216 FAX: 928-769-1191

E-Mail: [Sonja.Crozier@hualapai-nsn.gov](mailto:Sonja.Crozier@hualapai-nsn.gov)

E-Mail: [Veronica.Cabrera@hualapai-nsn.gov](mailto:Veronica.Cabrera@hualapai-nsn.gov)

**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 of Indian descent as provided for in Public Law 88-353 (72-72). The only time preference will be imposed is when a bona fide 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(s) applied for (Be Specific; Please use job title on job announcement):

\_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

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

Telephone ( ) \_\_\_\_\_ Message Telephone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

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

If yes, by what name(s)? \_\_\_\_\_

ARE YOU CLAIMING INDIAN PREFERENCE? No  Yes  If yes, Which Tribe?

**Notice:** Please attach 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  Yes

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 \_\_\_\_\_

**\*\*\* 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**

Do you have a valid Driver License? No  Yes  \_\_\_\_\_

Issuance State of License/info.

Operator  Commercial (CDL)

Are you at least 18 years of age? Yes  No  Date of Birth: \_\_\_\_\_

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

(A conviction does not automatically mean you cannot be considered for employment. Records are checked if employment is manifestly inconsistent with the safe and efficient operation of a position for which you are applying.)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION & TRAINING

Name and address of High School Attended: \_\_\_\_\_

\_\_\_\_\_

Graduated? No  Yes  Date of Graduation: \_\_\_\_\_

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

Date of Completion: \_\_\_\_\_

Name and address of GED School/Place: \_\_\_\_\_

**Notice: Please attach a copy of your High School Diploma or GED certificate along with this application (\*\*\*) If you have already submitted a copy of your HS Diploma or GED certificate you do not have to submit another one; just note on application that it has already been submitted)**

## Higher Education

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

**Notice:** Please attach a copy of your College, Vocational degrees or transcripts for Higher Education

**\*\*\* 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**

### MILITARY

Branch of Service: \_\_\_\_\_ Highest Rank or Rating: \_\_\_\_\_

Dates of Service \_\_\_\_\_

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	Full Address/Telephone	Email Address	Occupation

Are you bondable? No  Yes

Have you ever been bonded? No  Yes

If yes, list companies and dates bonded \_\_\_\_\_

**CLERICAL APPLICANTS ONLY**

Clerical Skills: Typing \_\_\_\_\_ Words per Minute      Shorthand \_\_\_\_\_ Words per Minute

**Machines Operated: (check appropriate boxes below)**

Computer/Laptop  Copier machine  Calculator  Fax machine  Scanner  10-Key

List Other (s) \_\_\_\_\_  
\_\_\_\_\_

**Notice:** If you have an Arizona Clearance Card please put that here and attach a copy of it with this application

Type of Arizona License or Registration	License or Registration Number	Date of Expiration

List Memberships in Professional Organizations: (You may attach a separate list)  
\_\_\_\_\_  
\_\_\_\_\_

**Please Complete work history information EMPLOYMENT EXPERIENCE**

Please list your employment for the last 5 years starting with the most recent. 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)**

**Previous Employer**

Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone Number: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Rate of Pay**

Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Previous Employer**

Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone Number: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Rate of Pay**

Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Previous Employer**

Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone Number: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Rate of Pay**

Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Previous Employer**

Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone Number: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Rate of Pay**

Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**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 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

### **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. (Unless otherwise indicated), background check agencies and law enforcement, references, schools, and others for verification of all statements contained 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**

**Thank You for completing this application form and for your interest in our careers!**

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