



CAHUILLA BAND OF INDIANS
52701 CA-Highway 371 Anza, California 92539
Phone (951) 763-5549 Fax (951) 763-2808
Email: tribalcouncil@cahuilla.net

APPLICATION FOR EMPLOYMENT

Position(s) applied For: _____ Date: _____

PERSONAL INFORMATION:

Name: _____
Last First Middle

Social Security #: _____ Date of Birth: _____

Telephone #: _____ Cell Phone #: _____

Present Street Address: _____
Street Number Street Name Apt#

City State Zip Code

Present Mailing Address: _____
Street Number Street Name Apt#

City State Zip Code

Salary Desired/Per Month: _____ Date you can start: _____

Are you employed now _____ If yes, may we inquire of your present employer _____

Contact person: _____

Have you ever applied to this company before _____ When _____

Position previously applied for _____

List any friends or relatives working for us: _____

Referred by: _____

Can you travel if the job required it? _____ California Driver's License #: _____

Approved by Tribal Council on 8/6/2013

INDIAN PREFERENCE POLICY: Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act of 1934. Verification must be submitted with the application if claiming Indian Preference. Consideration will be given to Non-Indian applicants in the absence of qualified Indian Preference eligible candidates.

Indian Preference applies to me: Yes _____ No _____ Tribal Affiliation: _____

EQUAL OPPORTUNITY EMPLOYER: Within the scope of Indian Preference, all candidates will receive consideration without regard to race, color, sex, religion, national origin or other non-merit factors.

RECORD OF EDUCATION:

High School Graduate? Yes _____ No _____ Passed High School Equivalency Test Yes _____ No _____

RECORD OF EDUCATION				
School	Name and Location of School	Course of Study	Type of Degree	Completed?
High School				
College				
Trade Business/University				

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT.

Name & Address of Company and Type of Business	From Month/Year	To Month/Year	Describe the Work Performed
Supervisor:		Phone #:	
Name & Address of Company and Type of Business	From Month/Year	To Month/Year	Describe the Work Performed
Supervisor:		Phone #:	
Name & Address of Company and Type of Business	From Month/Year	To Month/Year	Describe the Work Performed
Supervisor:		Phone #:	

May we contact the employers listed above? Yes____ No____

PERSONAL REFERENCES:

_____ Name	_____ Address/Telephone	_____ Years Acquainted
_____ Name	_____ Address/Telephone	_____ Years Acquainted
_____ Name	_____ Address/Telephone	_____ Years Acquainted



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Applicant's Statement

I understand that this application will be given every consideration, but is not a promise of employment.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that if I am hired, my employment is for no definite period of time and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. "At will" means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that an "at will" employment relationship may not be changed by written document or by conduct unless an authorized executive of this organization specifically acknowledges such a change in writing.

I understand that the Cahuilla Band of Indians reserves the right to require me to submit a test for the presence of drugs in my system prior to employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon passing such tests. I consent to the disclosure of the results of the test to the Cahuilla Band of Indians.

I understand that the Cahuilla Band of Indians may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends and others whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive the additional detailed information about the nature and scope of the investigation.

I further understand that the Cahuilla Band of Indians may contact previous employers and I authorize those employers to disclose to the Cahuilla Band of Indians all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against former employers, their agents, employees, and representatives, as well as any other individuals who release information to the Cahuilla Band of Indians and release them from any liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information by any person or party, whether such information is favorable or unfavorable to me.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT FULLY

Printed Name of Applicant _____ Date: _____

Signature of Applicant: _____

Approved by Tribal Council on 8/6/2013