



QUECHAN INDIAN TRIBE
 Fort Yuma Indian Reservation
HUMAN RESOURCES DEPARTMENT
 P.O. Box 1899 Yuma Arizona, 85366-1899
 Phone (760) 572-0213
 FAX (760) 572-0515

EMPLOYMENT APPLICATION
PLEASE PRINT

POSITION APPLIED FOR:

APPLICANT INFORMATION:

Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address							
Message Phone:				Social Security No.				Indian Preference			
Driver License:											
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								

EDUCATION:

High School				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other				Address							
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						

REFERENCES:

Please list 2 professional references.

Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

Human Resource Received Date:

PREVIOUS EMPLOYMENT:					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

ADDITIONAL INFORMATION:

SKILLS AND QUALIFICATIONS:

DISCLAIMER AND SIGNATURE:	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

BACKGROUND INFORMATION

PLEASE READ CAREFULLY AND THOROUGHLY

Your answers should include convictions resulting from a plea of nolo-contendere (no contest), but omit: 1) traffic fines of \$300.00 or less, 2) any violation of law committed before your 16th birthday, 3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, 4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and 5) any conviction whose record was expunged under Federal or State law.

1. **(1)** Have you ever been arrested for or charged with a crime involving a child, and/or **(2)** been found guilty of, or entered a plea of nolo-contendere or guilty to, any offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, exploitation, contract or prostitution, or crimes against persons? **If yes, use the additional space section at the end of this application to provide the date, explanation of the violation, disposition of the arrest or charge, plea or occurrence and the name and address of the police department or court involved.**

YES _____ NO _____

2. During the last ten (10) years, have you been convicted, been imprisoned, been on probation, or been on parole? (This includes felonies, firearms or explosive violations, misdemeanors, and all other offenses.) **If yes, use the additional Space section at the end of this application to provide the date, explanation of the violation, disposition of the arrest or charge, place or occurrence and the name and address of the police department or court involved.**

YES _____ NO _____

3. Have you been convicted by a military court-martial in the past ten (1) years? **If yes, use the additional space section at the end of this application to provide the date, explanation of the violation, disposition of the arrest or charge, plea or occurrence and the name and address of the Military Authority or court involved.**

YES _____ NO _____

4. Are you under any charges for any violation of the law? **If yes, use the additional space section at the end of this application to provide the date, explanation of the violation, disposition of the arrest or charge, plea or occurrence and the name and address of the police department or court involved**

YES _____ NO _____

5. During the last five (5) years, were you fired from any job for any reason, did you quit after being tol that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal, State, or Tribal employment by such respective agency and/or Tribe? **If yes, use the additional space section at the end of this application to provide date, and an explanation of the problem and reason for leaving, and the employer's name and address.**

YES _____ NO _____

6. Are you delinquent on any Federal Debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults on federally guaranteed or insured loans such as student and home mortgage loans). **If yes, use the additional space to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct or repay the debt.**

YES _____ NO _____

ADDITIONAL SPACE
(USE SEPARATE SHEET FOR ADDITIONAL INFORMATION, IF NECESSARY)



DISCLAIMER AND SIGNATURE:

I understand that if I'm employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever discovered.

I give the employer the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by Local, State, or Federal Law.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization and will be subjected to random drug screening.

PREFERENCE:

Preference in filing vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act (Title 25, U.S. Code and Sections 472 & 473). Applicants claiming Indian Preference must attach Certification of Tribal Affiliation. Other than the above, the Quechan Indian Tribe is an Equal Opportunity Employer and The Quechan Indian Tribe does adhere to the Drug-Free Workplace Act of 1988.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: _____ **Date:** _____



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Quechan Indian Tribe to conduct an investigation into my personal background for the purpose of evaluating my qualification for employment, promotion, reassignment or retention as an employee. I acknowledge and agree that the Quechan Indian Tribe may conduct all or part of such investigation. I also acknowledge and agree that the Quechan Indian Tribe may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and other persons who have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history and public record information (e.g., record of civil judgment, convictions, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses and transcripts may be relevant to the evaluation of my qualifications and that such inquiry will be made. I hereby release the Quechan Indian Tribe, and any person providing information in connection therewith, from any and all liability, which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the following supplemental data to insure that any records located which may refer to a person with a name identical or similar to mine are properly determined as referring to, or not to me. I understand that I am not required to provide the supplemental data and that if I do so it will be used only in connection with the investigation authorized herewith.

I have been advised and I understand that I have the right to make a written request within thirty (30) days from the date hereof to receive information concerning the nature and scope of the above described background investigation. The foregoing is in accordance with my understanding and agreement and my signature on this "Authorization for Release of Information" confirms my acceptance hereof. Copies of this signed "Authorization for Release of Information" may be used in place of the original. By signing below, I attest that I have had an opportunity to review this document with anyone of my choosing, including an attorney.

Signature of Applicant

Date



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NATIVE AMERICAN PREFERENCE

FORM 510 B

To establish eligibility for Native American Preference for employment with the Quechan Indian Tribe, you must be enrolled with a federally recognized Indian Tribe. Please complete this form and submit with your employment application.

This is to certify that the person named below is a member of the Indian Tribe indicated.

Full Name

Date of Birth

Enrollment Number

Tribal Affiliation

I certify that the above information is correct
And true to the best of my knowledge.

Enrollment Officer, Tribal Representative or
B.I.A. Representative