

AK-CHIN INDIAN COMMUNITY

HUMAN RESOURCES DEPARTMENT

42507 West Peters and Nall Road

Maricopa, Arizona 85238

FAX: (520) 568-1051



HR Use Only:

Date Rec'd _____

Rec'd by _____ Logged in by _____

Application for Employment

PLEASE PRINT OR TYPE

DATE _____

PERSONAL INFORMATION:

Name Last First Middle
Mailing Address P.O. Box/Street Address City State Zip
Telephone Number (home) _____ (cell) _____ (work) _____
Email Address _____ (disclosure of your email authorizes ACIC to contact you via email)

Are you at least 18 yrs. of age? Yes No (If no, written parental permission will be required.)

If applying for Police or Detention Officer, are you at least 21 years of age? Yes No

Are you authorized to work in the United States? Yes No
(If hired, verification will be required by law.)

TRIBAL ENROLLMENT:

Are you a member of the Ak-Chin Indian Community, or any other federally Recognized Native American Tribe?

Yes No If Yes, what Tribe? _____
(Must submit CIB/Copy of Enrollment Card along with application) Tribe Enrollment No.

POSITION APPLYING FOR:

Position Title: _____ ACIC# _____

Full Time _____ Part Time _____ On Call _____ (as needed basis) Temporary _____ Seasonal _____

Date you are available to work: _____ Wages desired \$ _____ Hourly _____ Annually _____

Have you worked for the Ak-Chin Indian Community before? Yes No

If yes, dates: _____ Position(s) Held: _____ Supervisors Name: _____

Do you have any relatives working for Ak-Chin Indian Community? Yes No
If you answered yes, please list name, relationship and department

EDUCATION:

Do you have a High School Diploma or GED? Yes No

NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YRS COMPLETED	Degree Obtained

List any specialized training and skills, i.e., typing(wpm), computer skills, special tools & equipment you can operate):

Do you have a valid Drivers License? Yes* No Lic.# _____ Exp. Date: _____

Do you have a Commercial Drivers License? Yes* No Lic.# _____ Exp. Date: _____

*****A 39 month MVR must be submitted along with the Application for Employment*****

List any other certificates/licenses that you possess that are related to the position to which you are applying:

Have you been convicted of a felony? Yes No If Yes, list conviction(s), *conviction(s) do not necessarily disqualify an applicant.*

MILITARY DUTY: (attach DD-214)

Branch of Service _____ Dates _____ to _____ (discharge date)

Rank & Duties describe below:

LANGUAGE(s):

Do you speak or write in any language other than English?

O'odham (speak write) Spanish (speak write) _____ Other speak write

EMPLOYMENT HISTORY:

Are you employed at the present time? Yes No If yes, may we contact your current employer? Yes No

(Start with most recent employers and work back 10 years. Account for breaks in employment of more than 3 months. Fields marked with an (*) are required. Do not use "see resume". If additional space required attach separate page.)

Company Name _____ Supervisor: _____
Address: _____ Telephone No. _____
City/State/Zip _____
Job Title: _____ From (mo/yr) _____ To (mo/yr) _____
Starting Pay*: _____ Ending Pay* _____ Reason for Leaving* _____
Duties & Responsibilities:

Company Name _____ Supervisor: _____
Address: _____ Telephone No. _____
City/State/Zip _____
Job Title: _____ From (mo/yr) _____ To (mo/yr) _____
Starting Pay*: _____ Ending Pay* _____ Reason for Leaving* _____
Duties & Responsibilities:

Company Name _____ Supervisor: _____
Address: _____ Telephone No. _____
City/State/Zip _____
Job Title: _____ From (mo/yr) _____ To (mo/yr) _____
Starting Pay*: _____ Ending Pay* _____ Reason for Leaving* _____
Duties & Responsibilities:

REFERENCES

List below three persons who have knowledge of your work performance within the last five years. Please include professional references only.

- 1. **Name** **Telephone No.** **Years Known** **Relationship**

- 2. **Name** **Telephone No.** **Years Known** **Relationship**

- 3. **Name** **Telephone No.** **Years Known** **Relationship**

Applicant Consent to Release Liability and Reference Information

I, _____ (print name), in consideration of employment with Ak-Chin Indian Community(ACIC) , hereby authorize Ak-Chin Indian Community to perform background checks, reference checks and employment verifications on me. These checks may include, but are not limited to discussions with: supervisors, coworkers, business associates, or any other party who Ak-Chin Indian Community in its sole discretion, believes may have relevant job related information regarding my suitability for employment. Ak-Chin Indian Community may also verify information that I have provided on the completed employment application and/or resume.

I agree not to assert any demands, damages, claims, suits or causes of action of any kind against Ak-Chin Indian Community, its officers, employees, agents or the organizations, officers, employees, and agents contacted arising out of Ak-Chin Indian Community performing a good faith effort to check my employment references.

I acknowledge that my failure to authorize Ak-Chin Indian Community to check my references shall disqualify me from consideration from employment. I acknowledge, Ak-Chin Indian Community has made no representation that employment will be offered to me upon the completion of reference checks.

I understand the position I am applying for may require a satisfactory background check.

I acknowledge that employment at Ak-Chin Indian Community may be conditioned upon satisfactory completion of a screening test for the presence of controlled substances. Upon reasonable suspicion, Ak-Chin Indian Community may require that I participate in further urinalysis screening tests for the presence of controlled substances.

I also acknowledge that if the position requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license and understand that I will be required to provide a copy of my driving record.

I hereby verify, under the penalty of perjury, the information contained in this application is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose misrepresentation or falsification, my application will be rejected, and I may be dismissed from employment and disqualified from future employment with Ak-Chin Indian Community. The Community has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Community.

I understand that this application does not constitute an employment contract of any kind. Should I be employed by Ak-Chin Indian Community, I may resign such employment at any time at my discretion with or without prior notice, and the Community may terminate my employment at any time at their discretion, with or without cause and with or without proper notice

A photocopy or facsimile (fax) of this form that shows my signature shall be as valid as the original.

I UNDERSTAND THAT THIS APPLICATION IS VALID ONLY FOR THE POSITION APPLIED.

Signature of Applicant: _____ Date: _____