



Walker River Paiute Tribe

Tribal Employment Rights Ordinance Program

PO Box 15, Schurz, Nevada 89427

(775)773-2306 extension 2170

tero@wrpt.org

TERO APPLICATION FOR EMPLOYMENT

Please print in ink or type.

(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)

Application Date: _____ Referred By: _____

Position (s) Applied For: _____

Name: _____ Phone #: _____

Email: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Date Available for work? _____ Social Security Number: _____

Are you a U.S. Citizen? Yes / No Are you over 18 years of age? Yes / No Do you have a CDL? Yes / No

Do you have a valid Driver's License? Yes / No State/#: _____ Expiration Date: _____

Have you ever been convicted of a Felony? Yes / No If yes, please describe the nature of the conviction.

Are you willing to submit to a Drug & Alcohol Test? Yes / No

Do you have experience in any of the following trades (Please circle all that apply)?

- | | | | |
|-----------|------------------|----------------|--------------------------|
| CPR | EMT | Electrician | Maintenance |
| Welder | Superintendent | Cement Mason | Heavy Equipment Operator |
| Drywall | Grade Setter | Carpenter | Carpet/Tile Installer |
| Laborer | Iron Worker | Landscaper | Truck Driver |
| Painter | Roofer | Plumber | Certified Flagger |
| Computers | Customer Service | Housekeeping | Journalism |
| Art/Music | Mechanic | Security Guard | Cook/Chef |

Other: _____

Certified Food Handler? Yes or No



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Qualifications: *Describe any other education, training, apprenticeship, certificates or licenses you have attained from employment or other experiences that are relevant to the position you are applying for. (Please attach copies).* _____

EDUCATION:

School	Name & Address/phone number of School	Did you graduate?		Graduation Date	Major/Minor Courses Taken	Diploma/Degree
High School 9 10 11 12		YES	NO			
College 1 2 3 4		YES	NO			
Trade School		YES	NO			
Other		YES	NO			



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REFERENCES: *List 3 business/work references that are not related to you.*

Name & Mailing Address (Include city, state, zip)	Phone Number	Years known



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VETERANS PREFERENCE: Have you served in the United State Military?

Yes or No

Do you claim Veterans Preference Points? (If yes, attach a copy of your DD-214 demonstrating proof.) **Yes or No**

INDIAN PREFERENCE: Are you a member of a Federally Recognized Tribe?

Yes or No

If yes, the name of your tribe & attach a copy of Enrollment Card & Enrollment Number for verification of Indian Preference.

TRIBAL AFFILIATION: _____ Enrollment Number: _____

List if Applicable:

Local Person supporting Walker River Paiute Tribal Member or Family:

Yes or No

(List the Walker River Paiute Tribal Member(s): Name(s) & Enrollment Number(s).

_____ Enrollment Number: _____

_____ Enrollment Number: _____

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Local Indian living on the Walker River Paiute Reservation:

Yes / No

Indian from surrounding community:

Yes / No



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EMPLOYMENT HISTORY: Please include all information required. Complete present and former employment, beginning with the most recent. Referral to resumes or other documents submitted under employment history are not acceptable. (Resumes and copies of certificates may be submitted as additional information only.)

Employer: _____ Telephone Number: _____

Address: _____

Title/ Position: _____ Name of Supervisor: _____

Rate of Pay: _____ Dates of Employment: _____ TO _____ Reason for Leaving: _____

Job Description and Responsibilities: _____

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Address: _____

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APPLICANTS STATEMENT

I certify that all answers given herein are true and complete to the best of my knowledge. I understand that the Employer is relying upon all the representation, both written and oral, which I have made during the entire process of applying for employment with the Contractor.

I understand this application is not intended to be a contract of employment. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative or the Employer has the authority to make any assurances to the contrary.

In the event of employment, I understand that if I make any false statements, misrepresentations, or omissions in this application process I may be discharged at any time during my employment and I agree to hold the Employer and any person named herein harmless in the event. I understand also, that I am required to abide by all rules and regulations of the Contractor.

Applicant Signature

Date Signed

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

Having made an application for a position with the Walker River Paiute Tribe, Tribal Employment Rights Office. I with them to be informed as to my previous record and character, to help determine my qualifications and suitability for the position.

For this specific purpose, I hereby authorize the release and full disclosure of any and all information that may concern me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of the Walker River Paiute Tribe, Tribal Employment Rights Office, upon presentation of this waiver or a photocopy of this waiver, whether in person, by mail, fax, or other method of conveyance.

This waiver is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original of my signature.

Examples of types of information I am requesting that you provide include, but are not limited to: dates of employment, rate of pay, job titles, dependability, honesty, attitude toward the job, attitude towards fellow employees, and reasons for leaving, education, history and records, and any other such information you may have concerning my qualifications and suitability.

_____ / _____ / _____

Full Name (Print)

Social Security Number

Signature/Authorization

Date Signed