



TE-MOAK TRIBE OF WESTERN SHOSHONE

EMPLOYMENT APPLICATION
 525 Sunset Street Elko, Nevada 89801
 Phone: (775) 738-9251 FAX: (775) 738-2345

DATE RECEIVED
Initial: _____

Thank you for your interest in applying for employment with the Te-Moak Tribe. Please complete this application and return it to the Te-Moak Administration Office. **Please print or type.**

Mr. Mrs. Ms.	First Name:	Last Name:	MI:	SSN:	Birth Date:
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Alias: _____

Mailing Address:	City:	State:	ZIP:
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Home Telephone	Cell: ()	Message No. ()
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Have you worked for Te-Moak before? YES NO **If yes, when** _____

Enrolled Tribal Member? YES NO Enrollment No.: _____

Are you an enrolled member of another federally recognized Tribe? YES NO *Must provide Certificate of Indian Blood

Are you legally eligible for employment in the United States? YES NO _____ (Tribal Affiliation)

Are you 18 years of age or older? YES NO

Do you have a **VALID DRIVER'S LICENSE?** YES NO (Required for driving position)

Please note that any misdemeanor and/or felony convictions in the last 5 years may result in denial of employment opportunities at the Te-Moak Tribe.

Have you ever been convicted of any misdemeanors past, present or pending? YES NO

If yes, give dates: _____ Please explain: _____

Felonies? YES NO **If yes, give dates:** _____

Please explain: _____

<p>Desired Position</p> <p>1. _____</p> <p>Please complete a separate application for all desired positions.</p> <hr/> <p>Pay Expected \$ _____</p> <hr/> <p>Will you work overtime if asked?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Specialized Skills:</p> <p><input type="checkbox"/> PC <input type="checkbox"/> Production/Mobile Machinery: _____</p> <p><input type="checkbox"/> Calculator _____</p> <p><input type="checkbox"/> FAX _____</p> <p><input type="checkbox"/> Typewriter _____</p> <p><input type="checkbox"/> Cash Register <input type="checkbox"/> Other: (Computer programs/Software, etc.) _____</p> <hr/> <p>Other Qualifications: _____</p> <hr/>
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Military Did you serve in the U.S Armed Forces? YES NO **If "YES" What Branch:** _____

Describe any training received to the position for which you are applying.

Please attach a COPY of your High School Diploma or GED Certificate.

Circle highest grade completed? 1 2 3 4 5 6 7 8 9 10 11 12 Years of college attended 1 2 3 4 +

School	Name and Location of School	Course of study	Number of Years Completed	Did you Graduate?	Degree or Diploma
High School GED				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business Trade Technical				<input type="checkbox"/> YES <input type="checkbox"/> NO	

Employment Experience: Please give accurate, complete full-time employment records. Include any job-related military service assignments and volunteer activities. Start with your present or most recent employer.

Company Name & Address:	Telephone:
Supervisor Name:	Employed – (Month and Year) From: To:
Job Title and Description of Work _____ _____	Hourly Pay: Start: Last:
	Reason for Leaving:

Company Name & Address:	Telephone:
Supervisor Name:	Employed – (Month and Year) From: To:
Job Title & Description of Work _____ _____	Hourly Pay Start: Last:
	Reason for Leaving:

Company Name & Address	Telephone:
Supervisor Name:	Employed – (Month and Year) From: To:
Job Title & Description of Work State names of relatives working for us. _____ _____	Hourly Pay Start: Last:
	Reason for leaving:

State names of relatives working for us.

Name:	Title:	Relationship:	
Name:	Title:	Relationship:	
Name:	Title:	Relationship:	
List (3) three personal references:			
Name	Address	Occupation	Phone:
1.			
2.			
3.			

Applicant Statement

I certify that 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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. Be it further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Please initial.

Immigration Reform Act

The Immigration Reform and Control Act of 1986 (Pub. L 99-603) states, new employees are given (3) three business days to produce necessary documents. If the employee has lost or misplaced documents they will be asked to provide a receipt of application for the document. The employee will than be given an additional 21 days to provide that original documents.

All employees are required to complete the I-9 form.

I understand that if I do not provide the proper documents in the given amount of time I will be considered self-terminated.

Please initial.

I certify that I have read and understood all information within this application.

Authorization of Release

I hereby authorize the Te-Moak Tribe to investigate my past and present work, character, education and medical records (including medical/lab screening results).

The release of any and all information is authorized and I do hereby release all persons, organizations, whomsoever from any damage of, or resulting from furnishing such information to the Te-Moak Tribe.

I further agree that a copy of this release shall function as an original.

I fully understand that my application will only be active for six (6) months. After this time has exceeded my application will be destroyed; and I understand that if I want to be considered for the job openings after that date, I must reapply at the Te-Moak Administration Office by completing a new application form. **I also understand that this application must be entirely complete or I will not be considered for employment with Te-Moak Tribe.**

Please initial.

Signature: _____

Date: _____

