

# Pyramid Lake Paiute Tribe



POST OFFICE BOX 256  
NIXON, NEVADA 89424  
TELEPHONE (775) 574-1000  
FAX (775) 574-1086

For Human Resources Use Only

## Employment Application

**(PLEASE PRINT IN INK OR TYPE. APPLICATIONS NOT FILLED OUT COMPLETELY WILL BE REJECTED.)**

Position(s) Applied For: \_\_\_\_\_ Application Date \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

List all other names you have worked under or are known by: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18?  Yes  No Are you over 21?  Yes  No **(SYEP)** Are you 16 years of age?  Yes  No

Have you ever been employed here before?  Yes  No Are you eligible for Rehire?  Yes  No

Are you currently on lay-off status and subject to recall?  Yes  No If yes, date of return? \_\_\_\_\_

Can you, upon employment offer, submit verification of your legal right to work in the United States?  Yes  No

Date available for work? \_\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

Do you currently have a valid driver's license?  Yes  No License # \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever been terminated or asked to resign from employment  Yes  No If yes, explain: \_\_\_\_\_

*If an offer of employment is made prior to your commencement of employment duties, you may be required to undergo a medical examination and/or drug test, the results of which may affect the offer of employment.*

Are you willing to undergo such an examination?  Yes  No

### **BACKGROUND INFORMATION**

Have you ever been **arrested** or **charged** for a crime? *(excluding juvenile criminal history)?*  Yes  No  
*(Such arrests & convictions may be relevant if job related, but does not necessarily bar you from employment – please explain below)*

Have you ever been convicted of a misdemeanor, gross misdemeanor or felony *(excluding juvenile adjudication)?*  Yes  No  
*(Such convictions may be relevant if job related, but does not necessarily bar you from employment – please explain below)*

**The Crime Control Act, PL 101-647, and Indian Child Protection & Family Violence Prevention Act, PL 101-630, of 1990** requires the following questions of persons applying for positions that involve regular contact with or control over Indian Children:

- 1.) Have you ever been arrested for or charged with a crime involving a child?  Yes  No
- 2.) Have you ever been found guilty of, or entered in a plea of nolo contendere (no contest), or guilty to, any felonious or misdemeanor offense under Federal, State, or Tribal law involving crimes of violence, sexual assault, molestation, contact or prostitution, or crimes against persons?  Yes  No

**(If yes, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY: MUST BE DETAILED, COMPLETE AND ACCURATE TO AVOID DISQUALIFICATION**

Complete present and past employment, beginning with most recent. Referral to resumes or other submitted documents under employment history is not acceptable. Resumes may be submitted as additional information only.

---

1. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address (Include State & Zip Code): \_\_\_\_\_  
Job Title: \_\_\_\_\_ HR Department Email/Phone #: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

May we contact now?  Yes  No

---

2. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address (Include State & Zip Code): \_\_\_\_\_  
Job Title: \_\_\_\_\_ HR Department Email/Phone #: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

---

3. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address (Include State & Zip Code): \_\_\_\_\_  
Job Title: \_\_\_\_\_ HR Department Email/Phone #: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

---

4. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address (Include State & Zip Code): \_\_\_\_\_  
Job Title: \_\_\_\_\_ HR Department Email/Phone #: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

---

5. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address (Include State & Zip Code): \_\_\_\_\_  
Job Title: \_\_\_\_\_ HR Department Email/Phone #: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

School	Name and Address of School	Graduated		Date Left	If you did not graduate, highest grade you completed	Diploma/ GED
		Yes	No			
High School						
Post Secondary	Name and Address of School	Graduated		Date Left	Major/Minor Courses Taken	Diploma/ Degree
		Yes	No			
College						
Graduate Work						
Trade Or Business						
Other						

**QUALIFICATIONS**

Describe any other education, training, apprenticeship, certificates or licenses acquired from employment or other experiences that are relevant to position applied for.

\_\_\_\_\_

\_\_\_\_\_

Are you computer skilled?  Yes  No List Computer programs with which you are familiar: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (You may exclude membership which would reveal race, religion, sex, national origin, age, disability, union affiliation or other protected status.)

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

List four business/work references who are not related to you and are not previous supervisors. If not applicable, list four school or personal references who are not related to you. **Information must contain complete address & phone number.**

NAME AND ADDRESS <i>(Include state &amp; zip code)</i>	TELEPHONE	YEARS KNOWN

List any additional information you would like us to consider. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VETERANS PREFERENCE:** Have you ever served in the United States Military?  Yes  No  
 Do you claim Veterans Preference Points?  Yes  No  
 If yes, please attach a copy of your DD-214 for proof of eligibility and type of discharge.

**INDIAN PREFERENCE:** Are you Native American?  Yes  No  
 The name of your Tribe: \_\_\_\_\_ Roll Number: # \_\_\_\_\_  
 (Please attach a copy of your membership card for verification purposes.)

**APPLICANT'S STATEMENT**

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

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 person named herein harmless in that event. I understand, also, that I am required to abide by all rules and regulations of the Pyramid Lake Paiute Tribe.

Applicant Initial: \_\_\_\_\_

**APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION**

In connection with this application, I authorize investigation of all statements contained in the Employment Application with Tribal, Federal and State law enforcement agencies, former employers and any other persons or agencies deemed necessary in arriving at an employment decision 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 twelve (12) 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 information you may have concerning my qualifications and suitability and any other significant information related to job performance.

I hereby authorize the Pyramid Lake Paiute Tribe and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the Tribe and authorize the release of any such information, including, but not limited to, background, credit and/or criminal history, driving records, and education. Moreover, I hereby release the Pyramid Lake Paiute Tribe and any agent acting on its behalf from any liability by reason of requesting such information from any person.

\_\_\_\_\_  
**Full Name (Print)**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Signature/Authorization**

\_\_\_\_\_  
**Date Signed**