



PYRAMID LAKE FISHERIES

603 SUTCLIFFE DR - Reno, NV 89510
 (775) 476-0500 FAX (775) 476-0558

APPLICATION FOR EMPLOYMENT
 (Pre-Employment Questionnaire) (An Equal Opportunity Employer)
 Indian Preference Applies

PERSONAL INFORMATION:

DATE: _____

NAME _____ SOCIAL SECURITY # _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

NAME OF TRIBE _____ TRIBAL ROLL NO. _____

EMPLOYMENT DESIRED:

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS TRIBE BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION:

	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS SCHOOL				

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

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GENERAL:

**U.S. MILITARY OR
NAVAL SERVICE**

RANK

**PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES**

LIST OTHER KNOWLEDGE, ABILITY, SKILLS, EXPERIENCES, TRAINING, COMMITTEE WORK, INTERESTS OR OTHER QUALIFICATIONS RELATED TO THE JOB:

IF REQUIRED, DO YOU HAVE A VALID DRIVER'S LICENSE? _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FROM WHICH YOU ARE BEING CONSIDERED? _____ **NO** _____ **YES.**

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? PLEASE DESCRIBE: _____

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FORMER EMPLOYERS: (LIST BELOW LAST 3 EMPLOYERS, START WITH LAST FIRST)

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER (INCLUDE PHONE NUMBER)	SALARY	POSITION	REASON LEFT JOB
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

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REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS AND PHONE NUMBER	BUSINESS	YEARS KNOWN
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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IN CASE OF EMERGENCY NOTIFY:

NAME: _____ **ADDRESS:** _____ **PHONE:** _____

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CERTIFICATION:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you."

DATE _____ **SIGNATURE** _____

*** ATTACH SPECIAL QUESTIONS IF REQUIRED FOR JOB.**