



# TRIBAL ADMINISTRATION

## APPLICATION FOR EMPLOYMENT

Criminal background check, drug screen and motor vehicle report may be required of any candidate offered employment.

Submit your completed application in person or by mail to:  
Tribal Offices, 9470 Main St. PO Box 516, Upper Lake,  
CA 95485 or by email to: [aarroyosr@hpultribe-nsn.gov](mailto:aarroyosr@hpultribe-nsn.gov)

### CONTACT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position Applying for: \_\_\_\_\_

Full-time  Yes  No

Part-time  Yes  No

Temporary  Yes\*  No \*If yes, what period will you be available? From \_\_\_\_\_ To \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

Are you available to work on weekends?  Yes  No

Are there any hours you are unable to work?  Yes  No

If yes, what hours are you unable to work? \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Why are you applying for work here?

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Do you have any relatives or friends working here?  Yes  No

If yes, state name(s) and relationship(s): \_\_\_\_\_

Are you a member of the Habematelol Pomo of Upper Lake Tribe?  Yes  No

If yes, provide your Enrollment Number: \_\_\_\_\_

Are you a spouse or descendant of an enrolled member of the Habematelol Pomo of Upper Lake Tribe?  Yes  No

Are you a tribal member of any other recognized tribe?  Yes  No

If yes, state tribe name and Enrollment Number: \_\_\_\_\_

Are you at least 18 years old?  Yes  No

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed:

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

(Note: We comply with Federal, State and Local regulations and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)

## EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	# of years completed	Did you graduate? (Y/N)	Degree/ Diploma (Y/N)
High School	Name _____ City _____ State _____ Zip _____			
College/ University	Name _____ City _____ State _____ Zip _____			
Vocational/ Business/ Other	Name _____ City _____ State _____ Zip _____			

Are you currently employed?  Yes  No

If yes, may we contact your current employer?  Yes  No

Do you have any other experience, training, qualifications, license, certification or skills that you feel make you especially suited for this position?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employer's Name _____ Employer's Address _____ City State Zip _____ Employer's Telephone Number _____	Supervisor's Name _____ Dates of Employment _____ May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title: _____ Job Responsibilities/Skills/Advancements: _____ _____ Reason for Leaving: _____
Name _____ Employer's Address _____ City State Zip _____ Employer's Telephone Number _____	Supervisor's Name _____ Dates of Employment _____ May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title: _____ Job Responsibilities/Skills/Advancements: _____ _____ Reason for Leaving: _____
Name _____ Employer's Address _____ City State Zip _____ Telephone Number _____	Supervisor's Name _____ Dates of Employment _____ May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title: _____ Job Responsibilities/Skills/Advancements: _____ _____ Reason for Leaving: _____
Employer's Name _____ Address _____ City State Zip _____ Telephone Number _____	Supervisor's Name _____ Dates of Employment _____ May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title: _____ Job Responsibilities/Skills/Advancements: _____ _____ Reason for Leaving: _____

## REFERENCES

List below two persons not related to you who have knowledge of your work performance within the last three years.

First Name _____		Last Name _____	
Address _____		City _____	State _____ Zip _____
Telephone Number _____	Occupation _____		Number of years acquainted _____
First Name _____		Last Name _____	
Address _____		City _____	State _____ Zip _____
Telephone Number _____	Occupation _____		Number of years acquainted _____

## ACKNOWLEDGMENT

### **In exchange for the consideration of my job application, I agree that:**

I hereby certify that I have not knowingly withheld any information that might adversely affect my eligibility for employment and that the answers given by me are true and accurate. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any document used to secure employment shall be grounds for rejection of this application or termination of employment if employed, regardless of the time elapsed before discovery.

I hereby authorize Tribal Administration to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Tribal Administration any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Tribal Administration and my former employers from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that Tribal Administration has a drug and alcohol policy that provides for pre-employment testing as well as testing during employment; consent to and compliance with such policy is a condition of my employment; and continued employment is based on the successful passing of testing under such policy.

I also understand that, in connection with routine processing of the employment application, Tribal Administration may request from a consumer reporting agency an investigative consumer report. Upon written request from me, Tribal Administration will provide me with additional information concerning the nature and scope of any such report requested, as required by the Fair Credit Reporting Act.

I understand that Tribal Administration is an at-will employer and nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Tribal Administration. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Tribal Administration and that no promises or representations contrary to the foregoing are binding unless made in writing and signed by me and the designated representative.

I further understand that if I become employed by Tribal Administration, my employment shall be probationary for an introductory period of ninety (90) days. At any time during the probationary period or thereafter, my employment relation with Tribal Administration is terminable at will, for any reason by either party.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature