

EMPLOYMENT HISTORY

Provide the following information for your past employers assignments or volunteer activities starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comment section below.

Employer _____	Telephone () _____	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address _____				
Job Title _____		Hourly Rate Starting		
Immediate Supervisor and Title _____		\$	Per	
Reason for Leaving _____		Hourly Rate Final		
May we contact for reference?		\$	Per	
Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>				

Employer _____	Telephone () _____	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address _____				
Job Title _____		Hourly Rate Starting		
Immediate Supervisor and Title _____		\$	Per	
Reason for Leaving _____		Hourly Rate Final		
May we contact for reference?		\$	Per	
Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>				

Employer _____	Telephone () _____	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address _____				
Job Title _____		Hourly Rate Starting		
Immediate Supervisor and Title _____		\$	Per	
Reason for Leaving _____		Hourly Rate Final		
May we contact for reference?		\$	Per	
Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>				

Employer _____	Telephone () _____	Dates Employed		Summarize the type of work performed and job responsibilities
		From	To	
Address _____				
Job Title _____		Hourly Rate Starting		
Immediate Supervisor and Title _____		\$	Per	
Reason for Leaving _____		Hourly Rate Final		
May we contact for reference?		\$	Per	
Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>				

COMMENTS INCLUDING EXPLANATIONS OF ANY GAPS IN EMPLOYMENT _____

EDUCATIONAL BACKGROUND

School & Address	No. of Years Completed	Degree & Diploma	GPA & Class Rank	Major	Minor

REFERENCES

List name and telephone number of three business or work reference who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held. Exclude any memberships which would reveal sex, race, religion, national origin, age, color, disability, or any other similar protected status.

ORGANIZATION	OFFICES HELD

LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, ETC.

Exclude any memberships which would reveal sex, race, religion, national origin, age, color, disability, or any other similar protected status.

SKILLS AND QUALIFICATIONS

Summarize any special training skills, license and or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

PLEASE READ AND INITIAL EACH OF THE FOLLOWING PARAGRAPHS

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the Fallon Paiute-Shoshone Tribe's service whenever it is discovered.

_____ Initial

I give the Fallon Paiute-Shoshone Tribe the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

_____ Initial

The Fallon Paiute-Shoshone Tribe does not lawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

_____ Initial

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurance to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

_____ Initial

I understand it is the Fallon Paiute-Shoshone Tribe's policy not to refuse to hire an individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

_____ Initial

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

_____ Initial

The Fallon Paiute-Shoshone Tribe gives preference to qualified Indian applicants in accordance with 25 CFR 273.45

If claiming Indian Preference, please provide the following information with an attached copy of Tribal Membership Card.

Name of Tribal Affiliate (Tribe) _____ Membership # _____

I represent and warrant that I have read and initialed and fully understand the forgoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

Note: Applications are kept on file for a period of six (6) months.



FALLON PAIUTE-SHOSHONE TRIBE

565 Rio Vista Drive, Fallon, NV 89406 * Telephone: 775-423-6075 * FAX: 775-423-5202 * Email: employeeresource@fpst.org

APPLICANT AUTHORITY TO RELEASE INFORMATION

Having submitted an application for a position with the Fallon Paiute-Shoshone Tribe, I wish them to be informed as to my previous record and character to help in determining my qualifications and suitability to the position which I am making application.

For this specific purpose, I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of the Fallon Paiute Shoshone Tribe, upon presentation of this waiver, or a photocopy of this waiver, whether in person, or 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 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 title, dependability, honesty, attitude toward the job, attitude toward fellow employees, and reason for leaving; education history, medical history, or any personal knowledge you may have concerning my qualifications and suitability.

I hereby release you as the custodian of such records and any law enforcement agency, criminal justice agency, social service agency, school, college, university or other educational institution, military organization, hospital or other repository of medical records, credit bureaus, lending institutions, consumer reporting agencies or retail business establishments, including all officers, agents, employees, related personnel, both which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

APPLICANT SIGNED AUTHORITY TO RELEASE INFORMATION:

Per the release of information at this time, I _____, do affirm the Fallon Paiute-Shoshone Tribe may request any needed background (criminal or civil) information to assist in the hiring process.

DOB _____ Social Security Number _____

Date _____

Signature

Fallon Paiute-Shoshone Tribe
565 Rio Vista Drive, Fallon, NV 89406
(775) 423-6075 FAX (775) 423-5202