



# EMPLOYMENT APPLICATION FALLON PAIUTE-SHOSHONE TRIBE

565 Rio Vista Drive, Fallon, NV 89406

Phone 775-423-6075 • Fax 775-423-2134 • [www.fpst.org](http://www.fpst.org) • Email: [jobs@fpst.org](mailto:jobs@fpst.org)

PLEASE PRINT

Position(s) Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone \_\_\_\_\_  Home  Cell Alternate Phone \_\_\_\_\_  Home  Cell

Best time to call you on at either Primary or Alternate Phone .....  PM  AM

May we contact you at work? .....  Yes  No

If yes, list work number \_\_\_\_\_ Best time to call \_\_\_\_\_  PM  AM

If you are under 18 and it is required, can you furnish a work permit? .....  Yes  No

Have you submitted an application here before? .....  Yes  No

If yes, give dates \_\_\_\_\_

Are you legally eligible to work in this country? .....  Yes  No

Have you ever been employed here before? .....  Yes  No

If yes, give dates \_\_\_\_\_

Date available to work \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Will you relocate if the job requires it?  Yes  No Will you travel if the job requires it?  Yes  No

Are you able to meet the attendance requirements of the position? .....  Yes  No

Will you work overtime if required? .....  Yes  No

If no, please explain \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Have you ever been convicted of a crime? .....  Yes  No

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

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

**COMMENTS INCLUDING EXPLANATIONS OF ANY GAPS IN EMPLOYMENT**

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**EDUCATION BACKGROUND**

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

**REFERENCES**

List the name and telephone number of three business or work references 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 membership which would reveal sex, race, religion, national origin, age, color, disability, or any other similar protected status.

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**SKILLS AND QUALIFICATIONS**

Summary 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.

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**PLEASE READ AND INITIAL EACH OF THE FOLLOWING PARAGRAPHS**

\_\_\_\_\_ Initial 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.

The Fallon Paiute-Shoshone Tribe gives preference to qualified Indian applicants in accordance with Title 25, United States Code (USC) 472, 472a., and 47; Title 25, Code of Federal Regulations, Part 5.

**If claiming Indian Preference (as a member of U.S. federally recognized Indian Tribe), please provide the following information with an attached copy of Tribal Membership Card.**

Tribe/Tribal Affiliate Name \_\_\_\_\_ Membership # \_\_\_\_\_

I represent and warrant that I have read and initialed and fully understand the foregoing and am seeking employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

Note: Applicants are kept on file for a period of one (1) year

**VOLUNTARY INFORMATION FOR AFFIRMATIVE ACTION**

**COMPLETION OF INFORMATION BELOW IS VOLUNTARY**

We consider all applicants for position without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard or any other similar protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

**NOT FOR INTERVIEW PURPOSES. TO BE FILED SEPARATELY FROM APPLICATION.**

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is greatly appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

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**APPLICANT INFORMATION**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
LAST, FIRST, MIDDLE

Address \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
STREET

Gender  Male  Female

PLEASE CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS.

- |                                                         |                                                         |                                   |
|---------------------------------------------------------|---------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan        | <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Other    |

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**FOR ADMINISTRATIVE USE ONLY**

Position applied for: \_\_\_\_\_ Available \_\_\_\_\_ Not Available \_\_\_\_\_

Other positions considered for \_\_\_\_\_

Hired?  Yes  No

Position Hired for \_\_\_\_\_ Date of Hire \_\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- |                                            |                                          |                                                    |
|--------------------------------------------|------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Official Managers | <input type="checkbox"/> Sales Workers   | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals     | <input type="checkbox"/> Office Clerical | <input type="checkbox"/> Laborers (unskilled)      |
| <input type="checkbox"/> Technicians       | <input type="checkbox"/> Craft Workers   |                                                    |

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_



# FALLON PAIUTE-SHOSHONE TRIBE

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## 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.

Date of Birth: \_\_\_\_\_ Social Security Number: XXX - XX - \_\_\_\_\_  
Last # Numbers ONLY

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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