



Picayune Rancheria of The Chukchansi Indians

49260 Chapel Hill Dr.
Oakhurst CA, 93644
(559)412-5590

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Driver License Number: _____ State: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

List any special accomplishments, awards and license. _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Native Affiliation

Tribe: _____

Enrollment number: _____

Disclaimer and Signature

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient causes for cancellation of this application and/or separation from Picayune Rancheria service if I have been employed.

I give Picayune Rancheria the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability Picayune Rancheria and its representative for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that just as I am free to resign at any time, Picayune Rancheria is an "At Will" employer and reserves the right to terminate my employment at any time, with or without causes and without prior notice. I understand that no representative of Picayune Rancheria has the authority to make any assurances to the contrary.

I understand it is this Picayune Rancheria policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

PRIVACY STATEMENT: The information you provide will be used only in connection with documentation as to whether you meet the entrance requirements for the position. Providing this information is voluntary; however, confusion of an item may result on your qualification not receiving full consideration.

NATIVE AMERICAN PREFERENCE: In accordance with Title VII of the 1932 Civil Rights Act 701(b) and 703(j), preference in filling all vacancies will be given to qualified American Indian candidates.

CERTIFICATION OF APPLICANT: I hereby certify that all statements made in this application are true and complete. I agree and understand that any misstatement or exclusion of material facts may result in elimination from the hiring process and termination if disclosure comes after hiring. The tribe authorized to conduct a background check on information I provided. I understand that all positions within the Tribal organization are subject to pre-employment drug screening and random screenings are requested by management during employee's time with the organization. I release all sources from liability on the issuance of such information. I understand that my position is subject to funding availability.

Signature: _____ Date: _____