

# EMPLOYMENT APPLICATION



**Cher-Ae Heights Indian Community of the Trinidad Rancheria**  
 Human Resources Department  
 Post Office Box 630 Trinidad, CA 95570

## Personal Information

**Date of Application** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

|   |         |   |   |  |      |  |      |     |     |     |  |
|---|---------|---|---|--|------|--|------|-----|-----|-----|--|
| Name (Last)   | (First) | (Middle)  | Social Security Number  | Driver's License Number  |      |  |      |     |     |     |  |
| Home Address  |         | City  | State   | Zip  |      |  |      |     |     |     |  |
| Home Telephone ( )  |         | Business Telephone ( )  |   | May we contact you at work: <input type="checkbox"/> Yes <input type="checkbox"/> No |      |  |      |     |     |     |  |
| Have you gone or do you prefer to go by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so please provide alias or nickname:  |         |   |   |  |      |  |      |     |     |     |  |
| Position Applying For: _____  |         | Days and hours available. Complete if applying for Casino, Hotel or Restaurant positions. | Day   | Mon  | Tues | Wed  | Thur | Fri | Sat | Sun |  |
| Date Available _____ Are you interested in (check all that apply)   |         |   | From  |  |      |  |      |     |     |     |  |
| ___ Full-Time ___ Part-Time ___ Temporary ___ Summer  |         |   | To  |  |      |  |      |     |     |     |  |
| Please indicate the wage that you desire:<br>_____ per hr. _____ annual salary  |         |   | If you are under 21 years of age please state your date of birth<br>_____<br>(no one under 16 may be hired) |  |      | Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>What percent _____% |      |     |     |     |  |
| Are you related to anyone currently employed by the Cher-Ae Heights Indian Community of the Trinidad Rancheria? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so whom? _____ Nature of relationship? _____ |         |   |   |  |      |  |      |     |     |     |  |
| Are you a member of any federally recognized Indian tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If so which Tribe? _____   |         |   |   |  |      |  |      |     |     |     |  |
| Please provide a copy of a certificate of enrollment from your Tribe or a statement from the Bureau of Indian Affairs that documents your tribal enrollment.  |         |   |   |  |      |  |      |     |     |     |  |

## Education

| Type of School  | Name and location of School |         |     | Degree/Area of Study | Number of Years Attended | Graduated |
|-----------------|-----------------------------|---------|-----|----------------------|--------------------------|-----------|
| High School     | Name                        | Address |     |                      |                          | Yes No    |
|                 | City                        | State   | Zip |                      |                          |           |
| College         | Name                        | Address |     |                      |                          | Yes No    |
|                 | City                        | State   | Zip |                      |                          |           |
| Graduate School | Name                        | Address |     |                      |                          | Yes No    |
|                 | City                        | State   | Zip |                      |                          |           |
| Other           | Name                        | Address |     |                      |                          | Yes No    |
|                 | City                        | State   | Zip |                      |                          |           |

## US Military Service

|  |                          |               |
|--|--------------------------|---------------|
| Branch of Service                                | Technical Specialization | Rank Attained |
|  |                          |               |
| Please state the type of discharge you received: |                          |               |

## Physical Record

|   |
|---|
| Are there any physical limitations that may prevent you from performing the duties for the position that you are applying for or may impede your normal working ability? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently under any medical restriction for lifting of weight over 50 pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Please explain: |
|---|

## Legal

Are you a U.S. citizen or do you have a legal right & necessary documents to work in the US?  Yes  No  
 (Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act 1986)

Were you ever discharged by any company?  Yes  No If yes, give name of company(ies)

Have you ever been convicted of a crime other than a minor traffic violation? The existence of a criminal record will not automatically disqualify you from the job for which you are applying.  Yes  No If yes, please explain offense and final disposition:

## Employment History

List employment starting with your most **recent** position. Account for any time during this period that you were unemployed by stating the nature of your activities. **May we contact your present employer?**  Yes  No Please indicate if you were employed under a different name. This section must be filled out completely, do not reference your resume, as an incomplete application will not be considered.

| Dates                                      | Name and Address of Employer | Position Held and Supervisor | List Major Duties | Salary or Wages   | Reason for Leaving |
|--|------------------------------|------------------------------|-------------------|-------------------|--------------------|
| From<br>____/____yr.<br>To<br>____/____yr. | Name<br>Address City State   | Your Job Title<br>Supervisor |                   | Starting<br>Final |                    |
| From<br>____/____yr.<br>To<br>____/____yr. | Name<br>Address City State   | Your Job Title<br>Supervisor |                   | Starting<br>Final |                    |
| From<br>____/____yr.<br>To<br>____/____yr. | Name<br>Address City State   | Your Job Title<br>Supervisor |                   | Starting<br>Final |                    |

## Special Skills

Please list any special skills that you possess:

Are you proficient and able to use a: (please check all that apply)  
 PC  Mac  10 Key  Photocopier  Cash Register  
 Multi Line Phone System

## References

Business references: (do not list relatives)

| Name | Address | Work Phone # | Title | Years Known |
|------|---------|--------------|-------|-------------|
|      |         |              |       |             |
|      |         |              |       |             |
|      |         |              |       |             |

## Please read carefully

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by the all policies, rules and regulations of the Cher-Ae Heights Indian Community of the Trinidad Rancheria.

I understand and agree that if employed, the employment will be "at will". That is, either I or the Cher-Ae Heights Indian Community of the Trinidad Rancheria may end the employment relationship at any time, or for any reason, or for no reason. I understand that receipt of this application by the Cher-Ae Heights Indian Community of the Trinidad Rancheria does not imply employment and that this application and/or any other Cher-Ae Heights Indian Community of the Trinidad Rancheria documents are not contracts of employment.

Applicant's Signature: \_\_\_\_\_

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