



Kashia Round House
Founded in 1916

Stewarts Point Rancheria

Kashia Band of Pomo Indians

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

FIRST NAME MIDDLE LAST SOCIAL SECURITY NUMBER

PRESENT ADDRESS IN FULL CITY STATE ZIP TELEPHONE

PERMANENT ADDRESS
(IF DIFFERENT FROM ABOVE) CITY STATE ZIP TELEPHONE

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YOUR VISA TYPE IF AVAILABLE VISA NUMBER & EXPIRATION DATE

IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? **YES** **NO**

ARE YOU AT LEAST 18 YEARS OLD? (EMPLOYEES MUST BE AT LEAST 18) **YES** **NO**

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? **YES** **NO**

MEMBER OF A FEDERALLY RECOGNIZED NATIVE AMERICAN TRIBE: _____ **YES** **NO**

POSITION INFORMATION

POSITION APPLIED FOR: _____ Tribal Administrator _____

REFERRAL SOURCE - ADVERTISEMENT (specify): _____

PLACEMENT FIRM (firm name): _____

SCHOOL PLACEMENT OFFICE (school name): _____

OTHER: _____

Qualified Native Americans will be given preference in employment as required by the Indian Self-Determination and Education Assistance Act (25 U.S. 450, ET. Seq) and other relevant laws. In accordance with Title VII of the 1984 Civil Rights Act, Sections 701(b) and 703(1), preference in filling all vacancies may be given to qualified American Indian candidates. In other than the proceeding situations, the Stewarts Point Rancheria is an Equal Opportunity Employer (EOE).

ARE YOU WILLING TO WORK A FLEXIBLE SCHEDULE IF NECESSARY? _____

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? _____

ARE YOU WILLING TO RELOCATE? _____

HAVE YOU EVER BEEN EMPLOYED BY THE TRIBE? _____

IF SO, WHEN? _____ WHERE? _____ POSITION? _____

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED BY THE TRIBE? _____

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION: _____

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE TRIBE? _____ IF SO, WHEN? (MO/YR) _____

HAVE YOU EVER PREVIOUSLY BEEN INTERVIEWED BY THE TRIBE? _____ IF SO, WHEN? (MO/YR) _____

WHAT POSITION DID YOU APPLY FOR? _____

EDUCATION

HIGH SCHOOL/COLLEGE/TECHNICAL, ETC. WITH COMPLETE ADDRESS	GRADUATED YES/NO	DEGREE, DIPLOMA CERT., ETC.	MAJOR

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE? _____	YES	NO
_____	Fluent? _____	_____
_____	Fluent? _____	_____
_____	Fluent? _____	_____

EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY.

<u>PREVIOUS EMPLOYER</u>			
FULL NAME OF COMPANY	TELEPHONE	EMPLOYED- FROM/TO	
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR		REASON FOR LEAVING	
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO			

<u>PREVIOUS EMPLOYER</u>			
FULL NAME OF COMPANY	TELEPHONE	EMPLOYED- FROM/TO	
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR		REASON FOR LEAVING	
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO			

REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS:

NAME: _____ OCCUPATION: _____

PHONE NO.: _____ NUMBER OF YEARS ACQUAINTED: _____

NAME: _____ OCCUPATION: _____

PHONE NO.: _____ NUMBER OF YEARS ACQUAINTED: _____

NAME: _____ OCCUPATION: _____

PHONE NO.: _____ NUMBER OF YEARS ACQUAINTED: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the Business Committee of the Tribal Council of Stewarts Point Rancheria has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purposes of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one) _____ I do not qualify
_____ I do qualify under the following:
_____ Handicapped
_____ Vietnam Era Veteran
_____ Disabled Veteran

SIGNATURE: _____ DATE: _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary to reapply during this six month period. Your interest in a job position with the Stewarts Point Rancheria is appreciated.