

YAVAPAI-APACHE NATION HUMAN RESOURCES

phone (928) 567-1062

fax (928)567-1064



EMPLOYMENT APPLICATION

I am applying for: _____
List Position

Application Date: _____

PERSONAL INFORMATION

Name: _____
Last Name Full First Name Full Middle Name

Mailing Address: _____
Street/P. O. Box City State Zip Code

Street Address: _____
Street City State Zip Code

Phone: _____ Cell: _____ Email: _____
(area code and number) (area code and number)

Are you an Enrolled Member of the Yavapai-Apache Nation? Yes _____ No _____

Are you the Legal Spouse of an Enrolled Member of the Yavapai-Apache Nation? Yes _____ No _____

Are you an Enrolled Member of another Tribe? Yes _____ No _____ Tribal Affiliation: _____

Are you a Veteran of the United States Military? Yes _____ No _____ If yes, dates of Service _____

Social Security Number: _____

Have you previously applied for employment with the Nation? Yes _____ No _____

If so then when: _____

Have you been convicted of a crime other than civil traffic violation? Yes _____ No _____

If yes, please describe fully, including date, location and disposition of the conviction. (Convictions do not automatically disqualify candidate. The date of conviction and nature of offenses will be considered.)

If you are under 18 years of age, can you furnish a work permit? Yes _____ No _____

Do you have a valid Arizona Drivers License? Yes _____ No _____

When are you available to begin working? _____

Are you legally eligible to work in the United States? Yes _____ No _____

If yes, is your right Permanent? Yes _____ No _____ Temporary? Yes _____ No _____

Within the context and intent of Tribal, Indian and Veterans preference and position minimum requirements, the Nation will provide equal employment opportunity without regard to race, color, sex, age, disability, religion, national origin, marital status, ancestry, sexual orientation or political belief.



EDUCATION

High School/ GED or Equivalency	_____	_____	_____
	Name	City/State	Year(s)/Diploma(yes/no)
	_____	_____	_____
	Name	City/State	Year(s)/Diploma(yes/no)
College	_____	_____	_____
	Name	City/State	Year(s)/Degree
	_____	_____	_____
	Name	City/State	Year(s)/Degree
Professional Designation	_____	_____	_____
	Name	City/State	Year(s)/Affiliation
	_____	_____	_____
	Name	City/State	Year(s)/Affiliation
Trade, Business or Correspondence School	_____	_____	_____
	Name	City/State	Year(s)/Certification
	_____	_____	_____
	Name	City/State	Year(s)/Certification

LANGUAGES

Do you speak a language other than English? Yes ___ No ___ If yes, what language(s) and to what proficiency?

Language: _____ Fluent _____ Good _____ Fair _____

Language: _____ Fluent _____ Good _____ Fair _____

Language: _____ Fluent _____ Good _____ Fair _____

REFERENCES

Please provide the names of three (3) people not related to you, whom you have known for at least three (3) years.

_____	_____	_____	_____
Name	Mailing Address	(area code and number)	Relationship
_____	_____	_____	_____
Name	Mailing Address	(area code and number)	Relationship
_____	_____	_____	_____
Name	Mailing Address	(area code and number)	Relationship



EMPLOYMENT HISTORY

Beginning with your most recent employer, please list your employment history for the past 10 years. Attach additional pages if necessary.

1. Employer _____ Start Date _____ *End Date _____

Address _____ Starting Salary _____ Ending Salary _____
City State

Job Title _____ Contact Number _____
(area code and number)

Responsibilities _____

Reason for Leaving _____

* If currently employed, may we contact your employer: Yes _____ No _____

2. Employer _____ Start Date _____ End Date _____

Address _____ Starting Salary _____ Ending Salary _____
City State

Job Title _____ Contact Number _____
(area code and number)

Responsibilities _____

Reason for Leaving _____

3. Employer _____ Start Date _____ End Date _____

Address _____ Starting Salary _____ Ending Salary _____
City State

Job Title _____ Contact Number _____
(area code and number)

Responsibilities _____

Reason for Leaving _____

4. Employer _____ Start Date _____ End Date _____

Address _____ Starting Salary _____ Ending Salary _____
City State

Job Title _____ Contact Number _____
(area code and number)

Responsibilities _____

Reason for Leaving _____



EMERGENCY NOTIFICATION

Name: _____
Last Name First Name Relationship

Mailing Address: _____
Street/P. O. Box City State Zip Code

Street Address: _____
Street City State Zip Code

Phone: _____ Cell: _____ Work: _____
(area code and number) (area code and number) (area code and number)

DECLARATION AND RELEASE

I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize the investigation of all my statements contained herein and for the references listed to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand and agree that if employed, my employment is for no definite period of time, and that as an "At-Will" employer the Nation may terminate my employment at any time, with or without economic or other business reasons.

I understand and agree that if employed, if I have ever been convicted of a sexual offence in any jurisdiction that I may be required to register under Title 24: Yavapai-Apache Nation Sex Offender Registration and Notification Code.

I understand that as a condition of my employment, I will be required to undergo a pre-employment drug test keeping with the Yavapai-Apache Nation's Zero Tolerance Drug Free Workplace Policy. I also understand that, if employed, I will be required to comply with the Nation's policy of random drug testing.

Application is totally defined as any information that accompanies my Employment Application.

Signature

Date

**Preference will be given to qualified applicants who are members of federally recognized Indian tribes.
To be considered for Indian Preference you must submit your Certification of Indian Blood (CIB) with your application.**

**Yavapai-Apache Nation Human Resources Department
2400 West Datsi Camp Verde, Arizona 86322
phone (928) 567-1062 fax (928) 567-1064**