

| | | | |
|--|--------------------|-----|---|
| | From | To | responsibilities |
| Address | | | |
| Job Title | Salary | | |
| | Starting | | |
| Immediate Supervisor and Title | \$ | Per | |
| Reason for Leaving | Hourly Rate/Salary | | |
| | Final | | |
| May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At a later date | \$ | Per | |
| Employer | Dates Employed | | Summarize the nature of the work performed and job responsibilities |
| | From | To | |
| Address | | | |
| Job Title | Salary | | |
| | Starting | | |
| Immediate Supervisor and Title | \$ | Per | |
| | Salary | | |
| | Final | | |
| May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At a later date | \$ | Per | |

Comments (including any gaps in employment) _____

Skills and Qualifications: Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying. _____

Educational Background (if Job Related)

A. List last three schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major or minor field of study, if applicable. (You may attach cv/resume instead.)

High School Graduate: Yes _____ No _____ High School Equivalent: Yes _____ No _____

| A. College/Vocational School | B. Major | C. Completed Units | D. GPA/Class Rank | E. Date of Diploma |
|------------------------------|----------|--------------------|-------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

List any valid professional licenses/certifications applicable to this profession: _____

References

List name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

| Name | Telephone | Years Known |
|------|-----------|-------------|
| | | |
| | | |
| | | |

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |

List special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause 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 cause 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’s 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 in your qualifications not receiving full consideration.

NATIVE AMERICAN PREFERENCE: In accordance with Title VII of the 1962 Civil Rights Act, Section 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 is authorized to conduct a background check on information I have provided. I understand that all positions within the Tribal Organization are subject to pre-employment drug screening and random screenings as requested by management during an 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 of Applicant _____ Date _____