

Application for Employment – Hopi Credit Association

P.O. Box 1259 Keams Canyon, AZ 86034

(928) 738-2205/Fax (928) 738-5633

General Information

Name: _____ Phone: (H) _____ (W) _____

Address: _____

Position Applying For: _____

Educational Information

Name of High School/Location: _____

Date Graduated: _____ GED Received: _____

Institution Attended	Dates of Attendance	Credit Hours Earned	Degree/Major

Skills/Training

(Typing, Shorthand, Computer Skills, Licenses, etc.)

Please provide a list of skills or training received that will be beneficial in the position applying for: _____

Additional Information

Yes No

() () Do you have a valid driver's license? Expiration Date: _____

() () Have you ever been convicted of a misdemeanor or felony? If yes, please explain: _____

() () Is any immediate relative currently employed with the Hopi Credit Association? If yes, please provide name and relationship: _____

() () Do you speak Hopi or Tewa? If yes, how fluent? _____

Employment History

(Start with your most recent employer and work back. Use additional sheets if necessary.)

Name of Employer: _____

Address: _____

Supervisor's Name & Title: _____ Phone: _____

Salary: Starting _____ Ending _____

Describe Duties Performed: _____

Dates of Employment: _____ to _____ Reason for leaving: _____

Name of Employer: _____

Address: _____

Supervisor's Name & Title: _____ Phone: _____

Salary: Starting _____ Ending _____

Describe Duties Performed: _____

Dates of Employment: _____ to _____ Reason for leaving: _____

Name of Employer: _____

Address: _____

Supervisor's Name & Title: _____ Phone: _____

Salary: Starting _____ Ending _____

Describe Duties Performed: _____

Dates of Employment: _____ to _____ Reason for leaving: _____

Certification

I certify that all statements made on this application are true, complete, and correct to the best of my knowledge, and that this application serves as my consent for references to be conducted on my education and employment history. I also understand that any willful falsification may be grounds for disqualification of employment.

Applicant Signature _____

Date _____

Applicant's Consent to Release Liability and Reference Information

I, _____ (print name), in consideration of employment with the Hopi Credit Association (HCA), I hereby authorize HCA to perform background and reference checks and employment verification based on this application. These verifications may include but are not limited to discussions with supervisors, coworkers, business associates or any other party that HCA may use to obtain information related to the suitability for employment with HCA.

I agree not to assert any demands, damages, claims, suits or causes of action of any kind against HCA, its offenders, employees, agents or the organization's officers in performing a good faith effort to check my employment references.

I acknowledge that my failure to authorize HCA to check my references shall disqualify me from consideration of employment. I acknowledge HCA has made no representation that employment will be offered to me upon the completion of these checks and verifications.

I understand the position I am applying for may require a satisfactory background check.

I acknowledge that employment with HCA may be conditioned upon satisfactory drug/medical screening.

I acknowledge that if the position requires driving in the course of work, I understand that I will be required to possess a current and valid Arizona Driver's License and provide a copy of my driving record.

I hereby verify, under the penalty of perjury, the information contained in this application is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose misrepresentation or falsification, my application will be rejected, and I may be dismissed from employment or disqualified from future employment with HCA.

A photocopy or facsimile (fax) of this form that shows my signature shall be as valid as the original.

I UNDERSTAND THIS APPLICATION IS VALID ONLY FOR POSITION APPLIED.

Signature

Date

Applicant Consent for Background Information

Federal law requires an investigation of the character and criminal background of each individual who is employed, or is being considered for employment, in a childcare position or a position with duties and responsibilities that involve regular contact with or control over Indian children pursuant to the Indian Child Welfare Act of 1978 and positions that have regular contact with the Elderly.

The check shall include a search of the criminal history repositories of all states that an employee or prospective employee lists as current and former residences in an employment application.

Have you ever been arrested for, charged with, or convicted of a Misdemeanor (other than a minor traffic violation) or Felony?

Yes No

If you answered yes to the preceding question, for each such charge please list the type of offense, the year charged, the name of the court, and the disposition of the charge. Criminal convictions or arrests may not automatically disqualify you from employment, but failure to provide this information or select NO and a record exist, will disqualify you.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

PLEASE PRINT or TYPE

Print Full Name Other Names Used

Social Security No. Date of Birth (mm/dd/yyyy)

Applicant's Signature

Date