



HOPI TRIBE

HUMAN RESOURCES
PO BOX 123, KYKOTSMOVI, AZ 86039
OFFICE: (928)734-3212
FAX: (928)734-6611

APPLICATION FOR EMPLOYMENT

****Please complete all sections and sign this form. Incomplete or illegible applications will not be processed.
PRINT OR TYPE CLEARLY**

Job Announcement # Position Applying for

Last Name First Name MI

Mailing Address City State Zip Code

Previous Address City State Zip Code

E-Mail Address

Phone Number Phone Number

Are you at least 18 years old? Yes No Are you authorized to work in the United States? Yes No

Do you have a valid Arizona Drivers License? Yes No Drivers Lic. # Exp. Date

Do you have a Commercial Drivers License? Yes No Drivers Lic. # Exp. Date

Do you claim Veteran's preference? Yes No *(A copy of DD214 must be submitted with the application)*

Do you claim Hopi Tribe preference? Yes No Village *(Proof of enrollment must be submitted with the application)*

Census # Do you understand Hopi or Tewa? Yes No Do you speak Hopi or Tewa? Yes No

Do you claim Indian Preference? Yes No Tribe *(Proof of enrollment must be submitted with the application)*

Are you currently employed with the Hopi Tribe? Yes No Have you ever been employed by the Hopi Tribe? Yes No

Do you have any relatives currently employed with the Hopi Tribe? Yes No If Yes, please list below.

HUMAN RESOURCES USE ONLY

Received By Date Accepted Rejected

Assessed By Date Reason Rejected

EQUAL OPPORTUNITY EMPLOYER

EDUCATION HISTORY

If additional space is required please use a blank paper and include your information, attach to the application as EDUCATION HISTORY

Do you have a High School Diploma or GED? Yes No

*Copies of degrees/diplomas/transcripts/certificates must be attached for educational background to be considered during the screening and interview process.

School Name	Dates Attended	Hrs Earned	Degree or Certificate	Graduation Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special Qualifications/Skills: List any special skills, i.e, typing/shorthand (wmp), computer skills, special tools & equipment you can operate, training, and licenses.

WORK HISTORY

If additional space is required please use a blank paper and include your information, attach to the application as WORK HISTORY

List your work record for the last 10 years. Begin with your present or most recent experience and work your way backwards. If jobs held prior to 10 years ago relate to the position you are applying for, list those also. If you held more than one position within the same organization list each separately, i.e. military service.

Current or Last Employer Phone Number

Mailing Address City State Zip Code

Job Title Supervisor Name

Dates of Employment From To Starting Salary Ending Salary

Duties and Responsibilities

Were you a supervisor? Yes No If so, please list the number of staff supervised?

Please List Reason for Leaving

WORK HISTORY (cont.)

Current or Last Employer Phone Number

Mailing Address City State Zip Code

Job Title Supervisor Name

Dates of Employment From To Starting Salary Ending Salary

Duties and Responsibilities

Were you a supervisor? Yes No If so, please list the number of staff supervised?

Please List Reason for Leaving

Current or Last Employer Phone Number

Mailing Address City State Zip Code

Job Title Supervisor Name

Dates of Employment From To Starting Salary Ending Salary

Duties and Responsibilities

Were you a supervisor? Yes No If so, please list the number of staff supervised?

Please List Reason for Leaving

Applicant Consent to Release Liability and Reference Information

I, _____ (print name), in consideration of employment with the Hopi Tribe, hereby authorize the Hopi Tribe to perform background checks, reference checks and employment verifications on me. These checks may include, but are not limited to discussions with: supervisors, coworkers, business associates, or any other party who the Hopi Tribe may use sole discretion believes may have relevant job related information regarding my suitability for employment. The Hopi Tribe may also verify information that I have provided on the completed employment application and/or resume.

I agree not to assert any demands, damages, claims, suits or causes of action of any kind against the Hopi Tribe, its offenders, employees, agents or the organizations, officers, employees, and agents contacted arising out of the Hopi Tribe performing a good faith effort to check my employment references.

I acknowledge that my failure to authorize the Hopi Tribe to check my references shall disqualify me from consideration from employment. I acknowledge, the Hopi Tribe has made no representation that employment will be offered to me upon the completion of reference checks.

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

I acknowledge that employment at the Hopi Tribe may be conditioned upon satisfactory completion of an employment medical assessment, which may include a screening test for the presence of controlled substances. Continued employment would be continued upon the successful completion of any additional medical assessments that may be reasonably requested by the Hopi Tribe. Upon reasonable suspicion, the Hopi Tribe may require that I participate in further urinalysis screening tests for the presence of controlled substances.

I also 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 driver's license and understand that I will be required to 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 and disqualified from future employment with the Hopi Tribe.

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

I UNDERSTAND THAT THIS APPLICATION IS VALID ONLY FOR THE POSITION APPLIED.

Applicant's 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 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