



Hopi Credit Association (HCA)
 PO Box 1259
 Keams Canyon, AZ 86034
 928.738.2205 Fax: 928.738.5633

Employment Application

Position applying for:
Date available:

Applicant Information					
Full Name:					
Address:					
City, State, Zip:					
Phone:			Email:		
Do you have a valid driver's license:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Drivers Lic. #:		
			Expiration date:		
Do you speak Hopi?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how fluent?		
Are you at least 18 years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you authorized to work in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever worked for HCA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when?		

Education	
*please attach copies of degrees/transcripts/certificates to be considered	
High School/Location:	
Date Graduated:	GED Received:

College/Location:	
Dates Attended:	Credit Hours Earned:
Degree Received:	

College/Location:	
Dates Attended:	Credit Hours Earned:
Degree Received:	

Previous Employment

Name of Employer:		Phone:
Address:		Supervisor name:
Job title:	Starting wage:	Ending wage:
Duties performed:		
From:	To:	Reason for leaving:

Name of Employer:		Phone:
Address:		Supervisor name:
Job title:	Starting wage:	Ending wage:
Duties performed:		
From:	To:	Reason for leaving:

Name of Employer:		Phone:
Address:		Supervisor name:
Job title:	Starting wage:	Ending wage:
Duties performed:		
From:	To:	Reason for leaving:

References	
Name:	Relationship:
Company:	Phone:
Address:	

Name:	Relationship:
Company:	Phone:
Address:	

Name:	Relationship:
Company:	Phone:
Address:	

Certificates/Skills/Training

I certify that all statements made on this application are true, complete, and correct to the best of my knowledge. My signature also serves as my consent for employment, reference, background, and credit checks. I understand that any willful falsification may be grounds for disqualification of employment.

Applicant Signature: _____

Date: _____



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Applicant's Consent to Release Liability and Reference Information

I _____ (print name), in consideration of employment with the Hopi Credit Association (HCA), 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 FOR

Applicant Signature: _____

Date: _____



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Applicant Consent for Background Information

Have you ever been arrested for, charged with, or convicted of a misdemeanor or felony?

Yes No

If you answered yes, for each 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:

Type of offense	Year charged	Name of court	Disposition

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. The information will be kept confidential.

Print full name:	Other names used:
Social security no.:	Date of birth (mm/dd/yyyy):

I give my consent to obtain my background information:

Applicant Signature: _____

Date: _____