

Indian preference in employment and training (PL 93-638)

IMPORTANT: Complete each section. If not applicable, indicate so with "N/A". Failure to do so will cause delays in the process and/or void application.

Please type or print all answers. Do not use pencil.

Writing must be legible. Failure to do so may cause delays and/or void application.

If needed, attach additional documents or explanation sheets.

Each statement made in this application is subject to verification, so please do not misstate or omit any material fact/s.

Any corrections, changes, or other alterations must be initialed and dated by the applicant.

You are advised that this employment application is an official document and misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation.









Date of Application: Phone					
Name:		_ s	SN:		
Last	First	MI			
Address:					
Street	City		State	Zip	
Mailing Address: (If different	from above)				
Address:					
Street	City		State	Zip	
sition applying for: Wage expected:			Date Available:		
Do you have any friends or relatives working for any company listed <i>above?</i>			Yes		No
f yes, state name(s) and relationship:					_
lame		Re	elationship		
Name			elationship		
Are you under 21 years of age?			Yes		No
If hired, would you have problems getting reliable transportation to and from work?			Yes		– No
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?			Yes		_ No
Are you a member of the Susanville Indian Rancheria?			Yes		_ No
Are you eligible for Indian preference hiring?			Yes		_ No
Are you eligible for preference as a member of an Indian household?			Yes		_ No
f vou answered ves to any question	n(s) above please explain:				_
f you answered yes to any question	n(s) above, please explain:	_			_

O Susanville Indian Rancheria Corporation (SIRCO)

O SIRCO Property Management O Diamond Mountain Mini-Mart

PLEASE INCLUDE A COPY OF ENROLLMENT CARD IF YOU ARE APPLYING UNDER INDIAN PREFERENCE (PL 93-638)

Education,	Training and E	Experience					
			No. of years Completed	Did y Grad		[Degree
High School				,	⁄es	No	
0	Name						
	Address						
	City		State	Zip			
College/ University				,	Yes	No	
	Name						
	Address						
	City		State	Zip			
Vocationa/ Business					Yes	No	
Dusilless	Name				165	NO	
	Address		-				
	City		State	Zip			
	nt History esent and past employ You must complete this			oyer (last five ye	ars is sufficient	t). Accou	nt for all periods of
					From:	_ 7	To:
Name of Employ	yer		Telephon	ne No *	Dates Emp	lo yed (Mor	ntħand Year)
Type of Business		Your Position		Your Supervisor's Na	ne		
Address	Street		_	City		State	Zip
Reason for Leaving May we contact reference?	t this employer for a		_ Yes	No			
					From: _		To:
Name of Employ	yer		Telephone	e No	Dates Empl	oyed (Mont	h and Year)
Type of Business		Your Position		Your Supervisor's Na	ame		
Address	Street			City		State	Zip
Reason for Leaving May we contact reference?	tthis employer for a		Yes	No			

Name of Employer		Telephone N	 lo	From: Dates Employee	To: d (Month and Year)
Type of Business	Your Position	•	our Supervisos Nam		,
		_			
Address Street		C	ity	State	Zip
Reason for Leaving May we contact this employer fo reference?		/es	_ No		
lote: Attach ad	lditional page(s	s) if necess	sary.		
References st below, four persons not relate	ed to you who have know l edge o	of your work performan	nce within the l a: ()	
Address Street		City		State	Zip
Occupation	No	o. Years Acquainted			
Occupation	No	o. Years Acquainted		\	
	No Last Name	o.Years Acquainted	Telephone)	
-irstName			Telephone		Zīp
FirstName Address Street	LastName	City	Telephone	No. State	Zīp
FirstName Address Street	LastName		Telephone		Zīp
First Name Address Street Occupation	LastName	City	Telephone	State	Zïp
First Name Address Street Occupation First Name	LastName No	City D. Years Acquainted		State No.	
First Name Address Street Occupation First Name	LastName No	City		State	Zīp Zīp
First Name Address Street Occupation First Name Address Street	Last Name No Last Name Last Name	City D. Years Acquainted		State No.	
First Name Address Street Occupation First Name Address Street	Last Name No Last Name Last Name	City D. Years Acquainted City	Telephone	State No. State	
FirstName Address Street Occupation FirstName Address Street Occupation	Last Name No Last Name Last Name	City D. Years Acquainted City		State No. State	
Occupation	Last Name No Last Name No	City D. Years Acquainted City	Telephone	State No. State	

Please Read Carefully, Initial Each Paragraph and Sign Below

Applicant's Signature

Date

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initials
I hereby authorize the company to investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and association from any claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
Initials
I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.



BACKGROUND CHECK CONSENT

IMPORTANT: Initial each paragraph and complete each line. DO NOT USE PENCIL. Writing must be legible. Failure to do so many cause delays and/or denial of employment.

for employment and that the answe understand that any omission or mi	knowingly withheld any information that might adversely affect my chances ers given by me are true and correct to the best of my knowledge. I sstatement of material fact on my application or on any document used to s for rejection of my application or for immediate discharge if I am apsed before discovery.
	Initials
related to my suitability for employ company any and all letters, reports notice of such disclosure. In addition	investigate my references, work record, education, and other matters ment and, further, authorize the references I have listed to disclose to the s and other information related to my work records, without giving me prior n, I hereby release the company, my former employers and all other is and associations from any claims, demands, or liabilities arising out of or in on or disclosure.
	Initials
granted, or during my employment company and me. In addition, I u definite or determinable period and option of either myself or the comp	d in the application, or conveyed during any interview, which may be , if hired, is intended to create an employment contract between the inderstand and agree that if I am employed, my employment is for no may be terminated at any time, with or without prior notice, at the any, and that no promises or representations contrary to the forgoing are lie In writing and signed by me and the company's designated.
	Initials
Date of Birth other na	mes used— — — — — — — — — — — —
Cou	ntries/Cites lived in during the last five years and dates — — — — —
	
Print name— — — — —	
Signature	Date