



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.



Education, Training and Experience

	No. of years Completed	Did you Graduate?	Degree
High School _____ Name _____ Address _____ City State Zip	_____	_____ Yes No	_____
College/ University _____ Name _____ Address _____ City State Zip	_____	_____ Yes No	_____
Vocational/ Business _____ Name _____ Address _____ City State Zip	_____	_____ Yes No	_____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume!

_____	_____	_____	_____	_____	_____	_____	_____	_____	
Name of Employer	Telephone No	From: _____	To: _____	Dates Employed (Month and Year)					
_____	_____	_____	_____						
Type of Business	Your Position	Your Supervisor's Name							
_____	_____	_____	_____	_____	_____	_____	_____	_____	
Address	Street	City		State	Zip				
Reason for Leaving									
May we contact this employer for a reference? _____ Yes _____ No									

_____	_____	_____	_____	_____	_____	_____	_____	_____	
Name of Employer	Telephone No	From: _____	To: _____	Dates Employed (Month and Year)					
_____	_____	_____	_____						
Type of Business	Your Position	Your Supervisor's Name							
_____	_____	_____	_____	_____	_____	_____	_____	_____	
Address	Street	City		State	Zip				
Reason for Leaving									
May we contact this employer for a reference? _____ Yes _____ No									

Name of Employer _____ Telephone No. _____ From: _____ To: _____
Dates Employed (Month and Year)

Type of Business _____ Your Position _____ Your Supervisor's Name _____

Address _____ Street _____ City _____ State _____ Zip _____

Reason for Leaving _____
 May we contact this employer for a reference? _____ Yes _____ No

Note: Attach additional page(s) if necessary.

References

List below, four persons not related to you who have knowledge of your work performance within the last three years.

First Name _____ Last Name _____ (_____) Telephone No. _____
 Address _____ Street _____ City _____ State _____ Zip _____
 Occupation _____ No. Years Acquainted _____

First Name _____ Last Name _____ (_____) Telephone No. _____
 Address _____ Street _____ City _____ State _____ Zip _____
 Occupation _____ No. Years Acquainted _____

First Name _____ Last Name _____ (_____) Telephone No. _____
 Address _____ Street _____ City _____ State _____ Zip _____
 Occupation _____ No. Years Acquainted _____

First Name _____ Last Name _____ (_____) Telephone No. _____
 Address _____ Street _____ City _____ State _____ Zip _____
 Occupation _____ No. Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

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 associations 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.

_____ Initials

Date

Applicant's Signature



BACKGROUND CHECK CONSENT

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

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 understand that any omission or misstatement of material fact on my application or on any document used to secure employment shall be grounds for rejection of my application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____Initials

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_____Initials

Date of Birth _____ other names used _____

_____ Countries/Cities lived in during the last five years and dates _____

Print name _____

Signature Date