



WHITE MOUNTAIN APACHE TRIBE
 Division of Human Resources
 Personnel Department
 P.O. Box 700 - Whiteriver, AZ 85941
APPLICATION FOR EMPLOYMENT

**Application
 complete
 ONLY
 when Required
 Documentation is
 Submitted, with
 this Form.**

1. Read all instructions carefully. (please print or type)
 2. Fill in all areas requested; if NOT APPLICABLE, write N/A, Do Not leave any spaces blank.
 3. Type or print information and fill in information neatly and accurately.
 4. Apply BEFORE OR NO LATER than the announced closing date.
 5. If additional information is being requested, please supply them with your application.
- INCOMPLETE APPLICATIONS WILL BE DELAYED AND MAY AFFECT YOUR CHANCES FOR EMPLOYMENT

Applications must have three reference letters attached that are current and one must be from a most recent supervisor.

ASSISTANCE

ASSISTANCE IN FILLING OUT THIS APPLICATION IS AVAILABLE THROUGH THE WHITE MOUNTAIN APACHE TRIBE, DIVISION OF HUMAN RESOURCES, PERSONNEL DEPARTMENT.

* After applications has been stamped and received by personnel, it becomes the property of the White Mountain Apache Tribe, Division of Human Resources-Personnel Dept. **NO FUTURE COPIES MAY BE MADE**. Every Question **MUST** Be Answered.

(If you have submitted an application within one year time frame, it may be used for other job announcements.)

Section A -- Please Note: Pre-Employment testing may be required

1.POSITION APPLIED FOR:	DATE:	2.ANNOUNCEMENT NO.
-------------------------	-------	--------------------

Section B -- APPLICATION INFORMATION -- Must have Valid Driver's License on file.

3.NAME (Last, First, Middle):	4.SOCIAL SECURITY NUMBER:
5.ADDRESS (P.O. Box number/Street/Apt.No.):	CITY, STATE, ZIP CODE
6.COMMUNITY YOU LIVE IN:	7.PHONE NUMBERS (Home, Work)
8.TRIBAL AFFILIATION	
9. HAVE YOU EVER FILED AN APPLICATION WITH THE TRIBE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATES:	
10.HAVE YOU EVER BEEN EMPLOYED WITH THE TRIBE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATES:	
11.ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	12. TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PARTTIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> SEASONAL
13. SHIFTS YOU'RE ABLE AND WILLING TO WORK: <input type="checkbox"/> DAY SHIFT <input type="checkbox"/> EVENING SHIFT <input type="checkbox"/> NIGHT SHIFT <input type="checkbox"/> ROTATING	14. WILL YOU ACCEPT A JOB THAT REQUIRES YOU TO WORK ON WEEKENDS OR HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO
15. WILL YOU TRAVEL, IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	16. IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
17. WILL YOU WORK OVERTIME, IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	18. DRIVER'S LICENSE NO. (If required for): STATE:
19. HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS? (Such conviction may be relevant, if work related, but does not bar you from employment.) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN BELOW THE NATURE OF THE OFFENSE, DATE AND LOCATION:	
20. IF LIFTING IS REQUIRED, INDICATE THE AMOUNT OF WEIGHT YOU ARE WILLING & ABLE TO LIFT: <input type="checkbox"/> up to 25 lbs <input type="checkbox"/> 25-50lbs <input type="checkbox"/> more than 50 lbs	
21.ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ARE YOU ELIGABLE TO BE EMPLOYED UNDER A VISA OR ENTRY PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

22.INDICATE ANY LANGUAGES YOU SPEAK, READ AND WRITE FLUENTLY

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

SECTION C -- EDUCATION AND TRAINING (LIST MOST RECENT FIRST)

SCHOOL NAME	CITY/STATE	DATES ATTENDED	HIGHEST GRADE COMPLETED	DEGREE/DIPLOMA DATE RECEIVED

--	--	--	--

High School Diploma or GED copy to be attached. -- Applications must have three reference letters attached from recent employers.

SECTION D -- WORK HISTORY (LIST MOST RECENT JOB FIRST AND WORK BACKWARDS) Page 2

FROM MO./YR.	TO:	JOB TITLE:	
TYPE OF BUSINESS	HRS Per WEEK	STARTING SALARY Per	FINAL SALARY Per
EMPLOYER'S NAME			
NO EMPLOYEES SUPERVISED	COMPLETE ADDRESS		
SUPERVISOR'S NAME	CITY, STATE, ZIP CODE	PHONE NUMBER	
SUPERVISOR'S TITLE	REASON FOR LEAVING:		
A DESCRIPTION OF DUTIES AND RESPONSIBILITIES			
FROM MO./YR.	TO:	JOB TITLE:	
TYPE OF BUSINESS	HRS Per WEEK	STARTING SALARY Per	FINAL SALARY Per
EMPLOYER'S NAME			
NO EMPLOYEES SUPERVISED	COMPLETE ADDRESS		
SUPERVISOR'S NAME	CITY, STATE, ZIP CODE	PHONE NUMBER	
SUPERVISOR'S TITLE	REASON FOR LEAVING:		
A DESCRIPTION OF DUTIES AND RESPONSIBILITIES			
FROM MO./YR.	TO:	JOB TITLE:	
TYPE OF BUSINESS	HRS Per WEEK	STARTING SALARY Per	FINAL SALARY Per
EMPLOYER'S NAME			
NO EMPLOYEES SUPERVISED	COMPLETE ADDRESS		
SUPERVISOR'S NAME	CITY, STATE, ZIP CODE	PHONE NUMBER	
SUPERVISOR'S TITLE	REASON FOR LEAVING:		
A DESCRIPTION OF DUTIES AND RESPONSIBILITIES			

Section E -- ADDITIONAL INFORMATION Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with the Tribe. _____

List any additional informatin you would like the Tribe to consider: _____

Section D -- STATEMENT OF CERTIFICATION - APPLICANT SIGNATURE:

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct, and complete to the best of my knowledge and belief. I also acknowledge that, should investigation at any time disclose any misrepresentation, my application may be rejected. My name may be removed from further consideration, and I may be disqualified from further examinations and/or terminated from employment. I also authorize the White Mountain Apache Tribe, Division of Human Resources, Personnel Department, to make all necessary and appropriate investigations allowable by law to verify the information provided:

Signature of Applicant: _____ Date: _____