



WHITE MOUNTAIN APACHE TRIBE

Division of Human Resources

P.O. Box 1960 – Whiteriver, AZ 85941

Telephone: (928) 338-2429 Fax: (928) 338-1039

APPLICATION FOR EMPLOYMENT

1. Read all instructions carefully. Type or print and fill in information neatly and correctly.
2. Fill in all areas completely. Do not leave any spaces blank. Write NA if not applicable.
3. Apply before or no later than the announced closing date by 5:00 p.m.
4. If additional information is requested, please attach them with your application.
5. Please provide three (3) updated reference letters.

Applications will be considered complete **ONLY** when all required documents are submitted with this form. **INCOMPLETE** applications will not be considered.

Section A

1. POSITION APPLIED FOR:	2. DATE:	3. ANNOUNCEMENT NO:
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Section B APPLICATION INFORMATION

4. NAME (Last, First, Middle):		5. Last four (4) Social Security number:
6. ADDRESS (P.O. Box number/Street/Apt No.):		CITY, STATE, ZIP CODE
7. TELEPHONE NUMBERS AND EMAIL ADDRESS	8. TRIBAL AFFILIATION:	
9. HAVE YOU 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? _____	12. TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ON-CALL <input type="checkbox"/> SEASONAL	
13. SHIFTS 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 THE JOB REQUIRES IT? <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 LICENSES NUMBER (if required for job):	STATE:
19. A. HAVE YOU BEEN CONVICTED OF ANY CRIME IN THE LAST SEVEN (7) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

If "YES" to either 19A or 19B please explain the nature of the offense, date and location. Such information may be relevant, if job related, but it need not bar your application from consideration.

20. IF LIFTING IS REQUIRED ON THE JOB, INDICATE THE AMOUNT OR WEIGHT YOU ARE WILLING AND ABLE TO LIFT: <input type="checkbox"/> Up to 25 lbs <input type="checkbox"/> 25-50 lbs <input type="checkbox"/> more than 50 lbs <input type="checkbox"/> none	21. ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	22. DO YOU SPEAK THE APACHE LANGUAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Section C EDUCATION AND TRAINING (LIST MOST RECENT FIRST)

TYPE OF SCHOOL	NAME OF SCHOOL	CITY/STATE	YEARS ATTENDED	DIPLOMA/DEGREE

APPLICANT'S NAME: _____

Section D**WORK HISTORY (LIST MOST RECENT JOB FIRST AND WORK BACKWARDS)**

JOB TITLE:	STARTING SALARY:	FINAL SALARY:	HRS. PER WEEK:	FROM MO/YR:	TO MO/YR:
EMPLOYER'S NAME:		EMPLOYER'S ADDRESS (P.O. Box number/Street/Apt No.):		CITY, STATE, ZIP:	
SUPERVISOR NAME:		SUPERVISOR'S TITLE:		EMPLOYER'S TELEPHONE NUMBER:	

REASON FOR LEAVING: _____

A DESCRIPTION OF DUTIES AND RESPONSIBILITIES: _____

JOB TITLE:	STARTING SALARY:	FINAL SALARY:	HRS. PER WEEK:	FROM MO/YR:	TO MO/YR:
EMPLOYER'S NAME:		EMPLOYER'S ADDRESS (P.O. Box number/Street/Apt No.):		CITY, STATE, ZIP:	
SUPERVISOR NAME:		SUPERVISOR'S TITLE:		EMPLOYER'S TELEPHONE NUMBER:	

REASON FOR LEAVING: _____

A DESCRIPTION OF DUTIES AND RESPONSIBILITIES: _____

JOB TITLE:	STARTING SALARY:	FINAL SALARY:	HRS. PER WEEK:	FROM MO/YR:	TO MO/YR:
EMPLOYER'S NAME:		EMPLOYER'S ADDRESS (P.O. Box number/Street/Apt No.):		CITY, STATE, ZIP:	
SUPERVISOR NAME:		SUPERVISOR'S TITLE:		EMPLOYER'S TELEPHONE NUMBER:	

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 information you would like the Tribe to consider: _____

Section F**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 my misrepresentation or falsification, my application may be rejected. My name may be removed from further consideration, and, I may be disqualified from future examinations and/or terminated from employment. I also authorize the White Mountain Apache Tribe, Division of Human Resources, Personal Department, to make all necessary and appropriate investigations allowable by law to verify the information provide:

Signature of Applicant: _____ Date: _____