TE-MOAK TRIBE OF WESTERN SHOSHONE

EMPLOYMENT APPLICATION

525 Sunset Street Elko, Nevada 89801 Phone: (775) 738-9251 FAX: (775) 738-2345

DATE	RECEIVED
Initial:	

Thank you for your interest in applying for employment with the Te-Moak Tribe. Please complete this application and return it to the Te-Moak Administration Office. **Please print or type.**

Mr. Kirst Name: Last Name Ms.): :	MI:	SSN:		Birth Date:	
Alias:	***************************************					
Mailing Address:	City	y:	T	State:	ZIP:	
Home Telephone	Home Telephone Cell:					
Have you worked for Te-Moak l	pefore? YI	ES	NO	If yes, when _		
Enrolled Tribal Member? Are you an enrolled member of another federally recognized Tribe? Are you legally eligible for employment in the United States? Are you 18 years of age or older? Do you have a VALID DRIVER'S LICENSE? YES NO Enrollment No.: *Must provide Certificate of Indian Blood *Tribal Affiliation* (Tribal Affiliation) (Required for driving position)						
Please note that any misdemeanor and/or felony convictions in the last 5 years may result in denial of employment opportunities at the Te-Moak Tribe. Have you ever been convicted of any misdemeanors past, present or pending? YES NO If yes, give dates: Please explain: Please explain:						
Desired Position		Specializ	ed Skills			
Please complete a separate application for all positions. Pay Expected \$	desired	PC Calcula FAX Typewn Cash R	riter	Other: (Computer	pile Machinery:	
Will you work overtime if asked? ☐ YES ☐ NO		Other Quali	fications:			
Military Did you serve in the U.S Armed Forces? YES NO If "YES" What Branch: Describe any training received to the position for which you are applying.						

Please attach a COPY of your High School Diploma or GED Certificate.

Circle highest grade completed? 1 2 3 4 5 6 7 8 9 10 11 12					Years of college attended 1 2 3 4 +			
School	Name and Location of Course of st		Number of Y Complete		d you duate?	Degree or Diploma		
High School GED					YES NO			
College					YES NO			
Business Trade Technical					YES NO			
	Experience: Please give assignments and volunteer							
	me & Address:	ATT ALEXANDER (A) AND		Telephone:				
Supervisor Name:					Employed – (Month and Year) From: To:			
Job Title and	Description of Work			Hourly Pay:				
*				Start:		Last:		
				Reason for	Leaving:			
Company Na	me & Address:	3		Telephone	:			
Supervisor Na		Employed – (Month and Year) From: To:						
Job Title & D		Hourly Pay						
				Start:		Last:		
				Reason for	r Leaving:			
Company Name & Address				Telephone:				
Supervisor N		Employed – (Month and Year) From: To:						
Job Title & Description of Work State names of relatives working for us.				Hourly Pa		Last:		
				Reason for				

State names of relatives working for us.

Name:	Title:	Relationship:			
Name:	Title:	Relationship:			
Name:	Title:	Relationshi	p:		
List (3) three person	onal references:				
Name	Address	Occupation	Phone:		

Applicant Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. Be it further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) or during any part of the process to employ or during said employment may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Please initial.

Immigration Reform Act

The Immigration Reform and Control Act of 1986 (Pub. L 99-603) states, new employees are given (3) three business days to produce necessary documents. If the employee has lost or misplaced documents they will be asked to provide a receipt of application for the document. The employee will than be given an additional 21 days to provide that original documents.

All employees are required to complete the I-9 form.

I understand that if I do not provide the proper documents in the given amount of time I will be considered self-terminated.

Please initial.

I certify that I have read and understood all information within this application.

Authorization of Release

I hereby authorize the Te-Moak Tribe to investigate my past and present work, character, education and medical records (including medical/lab screening results).

The release of any and all information is authorized and I do hereby release all persons, organizations, whomsoever from any damage of, or resulting from furnishing such information to the Te-Moak Tribe.

I further agree that a copy of this release shall function as an original.

I fully understand that my application will only be active for six (6) months. After this time has exceeded my application will be destroyed; and I understand that if I want to be considered for the job openings after that date, I must reapply at the Te-Moak Administration Office by completing a new application form. I also understand that this application must be entirely complete or I will not be considered for employment with Te-Moak Tribe.

Please initial.

Signature:	Date:



TE-MOAK TRIBE PRE-EMPLOYMENT BACKGROUND INVESTIGATION AUTHORIZATION

The Te-Moak Tribe requires a criminal investigation be conducted for applicants who qualify to fill certain positions within the organization. An investigation will be conducted of all information listed on this form.

PLEASE PRINT

Position(s)	applied for:	1)		2)		3)		
Name:									20
		First	Mic	idle	······································	Last	1	Maiden	The second regularization of the second
Other Nam	nes Used:					Telephone No.			
		Aliases, other la	ast names used, e	etc.					-
Address:		•							
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DOB:		Place							•
		- Indiana de la constante			City		State		
Social Secu	urity #			Sex: _		Male		Female	
Driver's Lie	cense#		Current:	Yes	No	State Issued:	***************************************	Ехр. Date:	
Other Stat	tes you have he	ld a drivers license							
Name of the Association of the State of the	Date			City				State	The fire on a subsect of the series of
	Date			City				State	
Previous R	Residences (Go	back 15 years)		City				Jtate	
Date	Date		Address			City		State	
	То								
Date	Date		Address			City		State	
Date	Date	~	Address			City		State	
List any ti	mes you were a	rrested or charged	with any violation	ons, including	traffic, bu	t exclude parking:			
	Date/I	Place				Charge/F	Result		
	**************************************						ACCESS OF THE PARTY OF THE PART		
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		formation about you the Te-Moak Tribe				avorably on your re use explain.	putation, mo	orals, character o	or ability as a
facts set f		true and correct				I/or to conduct a ba and that if I falsify s			
Signature	of Applicant _					Date _			