



APPLICATION FOR EMPLOYMENT

Tribal Employment Rights Office

<p style="text-align: center;">Location</p> <p style="text-align: center;">192 S. Skill Center Rd. Suite #208 Sacaton, AZ, 85147 Office: (520) 562-3387/88 Fax: (520) 562-3590</p>	<p style="text-align: center;">Mailing Address</p> <p style="text-align: center;">Gila River Indian Community P.O. Box 97 Sacaton, AZ, 85147</p>
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*****Applications will be kept on file for 3 year, please update personal information as it changes*****

DEMOGRAPHICS					
Full Name		Suffix (SR. JR.)		Social Security #	
Home Telephone Number		Message Telephone Number		Cell Number	
Mailing Address			City		State
Physical Address			City		State
Do you reside on the Gila River Indian Community? <input type="checkbox"/> Yes <input type="checkbox"/> No			Dist.#		Email
PERSONAL					
Age	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you registered to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what work authorization documents do you posses?		
Race/Ethnic <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other				Tribal Affiliation	Enrollment #
If you are Non-Native American, are you a spouse of a Gila River Community Member? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, give spouse maiden name & enrollment number		
Have you been in the U.S. Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License <input type="checkbox"/> None <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D		State	Expiration Date
Have you ever been convicted of a felony or are you currently under indictment for a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please explain)					
WORK AVAILABILITY					
Position: <input type="checkbox"/> Permanent <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			Shift: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Rotating <input type="checkbox"/> Travel <input type="checkbox"/> Relocate		

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WORK HISTORY					
Begin with your most recent employer					
Employer Name			Employer Address, City, State, Zip.		
Phone Number			Job Title		Supervisors Name
Start Date	End Date	Wage/Salary	Reason for Leaving <input type="checkbox"/> Reduction in force <input type="checkbox"/> Job Completed <input type="checkbox"/> Resigned <input type="checkbox"/> Seek other job <input type="checkbox"/> Sickness <input type="checkbox"/> Personal reason <input type="checkbox"/> Leaving town <input type="checkbox"/> Terminated <input type="checkbox"/> Volunteer		
List primary duties assigned:					
Employer Name			Employer Address, City, State, Zip		
Phone Number			Job Title		Supervisors Name
Start Date	End Date	Wage/Salary	Reason for Leaving <input type="checkbox"/> Reduction in force <input type="checkbox"/> Job Completed <input type="checkbox"/> Resigned <input type="checkbox"/> Seek other job <input type="checkbox"/> Sickness <input type="checkbox"/> Personal reason <input type="checkbox"/> Leaving town <input type="checkbox"/> Terminated <input type="checkbox"/> Volunteer		
List primary duties assigned:					
Employer Name			Employer Address, City, State, Zip		
Phone Number			Job Title		Supervisors Name
Start Date	End Date	Wage/Salary	Reason for Leaving <input type="checkbox"/> Reduction in force <input type="checkbox"/> Job Completed <input type="checkbox"/> Resigned <input type="checkbox"/> Seek other job <input type="checkbox"/> Sickness <input type="checkbox"/> Personal reason <input type="checkbox"/> Leaving town <input type="checkbox"/> Terminated <input type="checkbox"/> Volunteer		
List primary duties assigned:					

IF YOU HAVE ADDITIONAL WORK HISTORY PLEASE USE SEPARATE SHEET

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EDUCATION			
Mark highest level completed <input type="checkbox"/> Some high school <input type="checkbox"/> HS/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorial			
Name of High School	City	State	Date last attended
HIGH EDUCATION RECORDS – Please begin with your most recent education or training attended. This includes any type of Colleges, Universities, Trade Schools, or Work Shops. Do not attach copy of transcripts unless requested.			
Name of School		City	
State		Year of Graduation	
Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type		Year of Graduation
Field of Study:			
Name of School		City	
State		Year of Graduation	
Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type		Year of Graduation
Field of Study:			
Name of School		City	
State		Year of Graduation	
Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type		Year of Graduation
Field of Study:			
The information I have provided in this application is true and complete. I understand that if hired, my employment may be terminated by the Company due to misrepresentation, omission or inaccuracy of the statements contained in the Application for Employment. I authorize the Gila River Indian Community Tribal Employment Rights Office to investigate all statement contained in this application for accuracy and completeness, and to obtain any transcripts, records, or documents pertaining to my background and business experience. I agree to conform to the policies and procedures of the Gila River Indian Community Tribal Employment Rights Office.			
NATIVE HIRING PREFERENCE			
1.) Gila River Community Members 2.) Other Native Americans 3.) Spouse of Gila River Indian Community Members 4.) Non-Native			
Applicant Signature		Date	

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EMERGENCY CONTACT INFORMATION					
In case of an emergency or if I cannot be contacted, I hereby authorize the following person(s) to be contacted.					
Name		Relationship		Address (Mailing or Street)	
Home Number	Work Number	City		State	Zip Code
Name		Relationship		Address (Mailing or Street)	
Home Number	Work Number	City		State	Zip Code
Name		Relationship		Address (Mailing or Street)	
Home Number	Work Number	City		State	Zip Code
Name		Relationship		Address (Mailing or Street)	
Home Number	Work Number	City		State	Zip Code
I hereby permit the Gila River Indian Community Tribal Employment Rights Office to contact and release medical information to above named person(s).					
Applicants Signature			Date		

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1. Do you have reliable transportation?

YES NO

2. Do you have any objection to working in an industrial factory?

YES NO

3. Do you understand that you must have the necessary equipment, clothing (gloves, hard hat, boots), and tools for the job as required by the Employer Request Form or job description?

YES NO

4. Are you willing to work various shifts? (swing, grave, days)

YES NO

5. Do you understand that if you are not going to work, you must notify your employer & TERO before the next work day?

YES NO

6. Do you understand that if there are any problems with work or with your co-workers, you should exhaust your employers' process for addressing workplace issues before seeking assistance from TERO?

YES NO

7. Do you understand that if your current job assignment ends it is your responsibility to contact TERO to become eligible for other work?

YES NO

8. Do you understand if you do not have valid reason and you do not honor your TERO referral by not showing up for an interview, abandon your job (no call/no show, quit without prior notice, etc.), do not pass or refuse to take a drug screen as a condition of employment, are terminated for cause (fighting, intimidation, verbal abuse, harassment, or violations of your employers written policy), you will be subject to a six month suspension from TERO assistance & job referrals?

YES NO

Applicants Signature	Date
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