



HOPLAND BAND OF POMO INDIANS APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION (PLEASE PRINT)

Last Name	First Name	Middle Name	Preferred Name	Today's Date
Present Address - No. and Street		City	State	Zip Code
Social Security Number		Home Phone	Work Phone	
Do you have a current CDL? Yes ___ No ___ Driver's License # / State	Have you ever <input type="checkbox"/> applied for work at the Hopland Tribe	Date: _____	If you are under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes	
	<input type="checkbox"/> Previously: <input type="checkbox"/> worked at Hopland Tribe	Date: _____	<input type="checkbox"/> No	
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Visa Type: <input type="checkbox"/> B1 <input type="checkbox"/> F1 <input type="checkbox"/> H1 <input type="checkbox"/> J1 <input type="checkbox"/> L1 <input type="checkbox"/> TN <input type="checkbox"/> : Other				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates: _____ (A conviction will not necessarily disqualify you.) Reason: _____				
Please list below if you have ever worked under or earned degrees under another name (i.e., maiden name)				
Other Names: _____				

ADDITIONAL INFORMATION

Position Applying For	
Are you a member of the Hopland Band of Pomo Indians Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	Native American Decent? <input type="checkbox"/> Yes <input type="checkbox"/> No Please List Tribe: _____
Do you have any relatives employed at the Hopland Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____	What is your desired rate of pay?
Do you have any commitments to another employer or organization which might interfere with or affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	
What prompted your initial interest in the Hopland Tribe? <input type="checkbox"/> Advertisement (Identify Source below) <input type="checkbox"/> College <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Referral (Enter name below) <input type="checkbox"/> Agency (Name) <input type="checkbox"/> Web <input type="checkbox"/> Other (Please specify below)	

EDUCATION AND TRAINING

Indicate Last Level of Education Completed:					
High School: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		College or University: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Graduate School: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Education	Name and Location (City and State)	GPA	Major	Degree Earned	Date Mo./Yr.
College or University					
Graduate School					
Graduate School					
Business or Vocational					

List Foreign Languages _____

Return To:
 Hopland Band of Pomo Indians, Human Resource Office, 3000 Shanel Road, Hopland, CA 95449
 Phone: 707-472-2100 Fax: 707-744-8641

Please list your last three employers with the most recent first. If you are currently employed, may we contact your employer? Yes No

Date Employed Mo Day Year			Starting Salary/Wage \$	Present/Last Employer	
From:			Ending Salary/Wage \$	Phone #	City, State
To:					
Supervisor's Name/Job Title				Your Job Title	
Job Duties					
Reason for Leaving					

Date Employed Mo Day Year			Starting Salary/Wage \$	Previous/Last Employer	
From:			Ending Salary/Wage \$	Phone #	City, State
To:					
Supervisor's Name/Job Title				Your Job Title	
Job Duties					
Reason for Leaving					

Date Employed Mo Day Year			Starting Salary/Wage \$	Previous Employer	
From:			Ending Salary/Wage \$	Phone #	City, State
To:					
Supervisor's Name/Job Title				Your Job Title	
Job Duties:					
Reason for Leaving					

PROFESSIONAL REFERENCES (PLEASE LIST ONLY REFERENCES WE MAY CONTACT AT THIS TIME)

Name	Title and Professional Relationship	Phone Number and Extension	<input type="checkbox"/> Home <input type="checkbox"/> Work
			<input type="checkbox"/> Home <input type="checkbox"/> Work
			<input type="checkbox"/> Home <input type="checkbox"/> Work
			<input type="checkbox"/> Home <input type="checkbox"/> Work
			<input type="checkbox"/> Home <input type="checkbox"/> Work

APPLICANT RELEASE

I understand that Hopland Band of Pomo Indians requires certain information about me to evaluate my qualifications for employment and to conduct its business if during the process I become an employee. Therefore, I authorize Hopland Band of Pomo Indians to investigate my past employment, education credentials, DMV records, criminal records (if any), reference checks and other employment-related activities. I agree to cooperate in such investigations and I hereby release those parties supplying such information to Hopland Band of Pomo Indians from all liability of responsibility with respect to information supplied. I understand that if I am hired I will be asked to sign an agreement to preserve in strictest confidence both Hopland Band of Pomo Indians proprietary information and confidential information belonging to third parties which I learn of as a result of my employment with Hopland Band of Pomo Indians. I agree to sign such an agreement if I am hired. I also understand that if I am hired I will not be free to hold or accept employment with others which would create a conflict of interest with my employment by Hopland Band of Pomo Indians. The HBPI will retain my application not to exceed six months and my application may be considered for another job vacancy which I am qualified for.

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND UNDERSTAND AND AGREE TO THE FOREGOING AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE AND CORRECT. IF I HAVE ATTACHED A RESUME IN LIEU OF COMPLETING SOME OF THIS APPLICATION, I REPRESENT THAT MY RESUME IS A COMPLETE RECORD OF MY EDUCATION, TRAINING AND WORK HISTORY AND THE INFORMATION ON MY RESUME IS TRUE AND CORRECT. I UNDERSTAND THAT SHOULD HOPLAND BAND OF POMO INDIANS LEARN OF ANY MISREPRESENTATIONS OF FALSE INFORMATION PROVIDED BY ME, CONSIDERATION OF MY APPLICATION WILL TERMINATE IMMEDIATELY, OR IN THE EVENT I HAVE ALREADY BEEN HIRED, MY EMPLOYMENT WILL TERMINATE IMMEDIATELY.

Applicant Signature

Date of Application

Approved by TC and revised on
9-19-2010