## TIMBISHA SHOSHONE EMPLOYMENT APPLICATION FORM

PLEAS	E PRINT ALL INF	ORMATION REQUES	TED EXCE	PT SIGNATURE	
	APPLICANTS M	IAY BE TESTED FOR	ILLEGAL D	RUGS	
PLEASE COMPLETE	PAGES 1-5.			Date:	
Name:		•			
Last	Firs	t M	liddle	Maiden	
Present Address:					
Number	Street	City		State 2	Žip
How Long:		•	Social S	ecurity No.:	-X
Telephone:					
If under 18, please list	t age:				
Position Applied For:	-	lan I	Days	s/Hours Available	e to Work:
Salary Desired:		A	No F Mon	No Pref Thur Mon Fri	
		All Modern Control	Tue	Sat	
How many hours can	you work weekly	? Can you	work nigh	ts?	
Employment Desired:	O FULL-TIME O	DNLY D PART-TIMI	F ONLY	D FULL- OR PAR	T-TIMF
When available for wo		71127	LOTTE	<b>—</b> 1 000 011111	I I IIVIE
	EDUCAT	ION & OTHER INFOR	MATION		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATIO		NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School					
	AP For Y				F.,
College					
		- No.	4.6	1-1-172	J 25
Bus. or Trade School					
	W. P. S. W.			70.2 11 00	
Professional School		1			

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recent such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.  Do you have a driver's license?    Yes	Have you ever been convicted of a crime?	P □ No □ Yes
What is your means of transportation to work?  Driver's License Number: State of Issue:		ature of offense(s) leading to conviction(s), how recently
What is your means of transportation to work?  Driver's License Number: State of issue:    Operator   Commercial (CDL)   Chauffe	Do you have a driver's license?	
Operator   Commercial (CDL)   Chauffe	What is your means of transportation to wo	
Have you had any accidents during the past three years? How many?    Have you had any moving violations during the past three years? How Many?	Driver's License Number: State of issue	ue:  ☐ Operator ☐ Commercial (CDL) ☐ Chauffeur
Have you had any moving violations during the past three years?  OFFICE ONLY  Typing	Expiration Date:	
Typing	Have you had any accidents during the pas	st three years? How many?
Typing	Have you had any moving violations during	g the past three years? How Many?
Typing	C	OFFICE ONLY
Please list two references other than relatives or previous employers.  Name:  Position:  Company:  Address:  Address:  Telephone:  Telephone:  Telephone:  An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to	Typing ☐ Yes 10-key	
Name:  Position:  Company:  Address:  Address:  Telephone:  An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to	The second control of	er Skills:
Position:  Company:  Address:  Address:  Address:  Telephone:  An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to	Please list two references oth	ther than relatives or prévious employers.
Company:  Address:  Address:  Felephone:  Telephone:  An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to	lame:	Name:
Address:  Telephone:  Telephone:  An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to	osition:	Position:
Telephone:  Telephone:  An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to	ompany:	Company:
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to	ddress:	Address:
complete background. Use the space below to add any additional information necessary to	elephone:	Telephone:
	complete background. Use the space be	pelow to add any additional information necessary to
	*** (N) ***	

	MILITARY		
Have you ever been in	the armed forces?		
		Yes D No	
Are you now a membe	r of the national guard?	Yes □ No	
Specialty	Date Entered	Discharge Date	е
Work Experience	Please list your work experience most recent job held. If you were additional sheets if necessary.	self-employed, give firm na	
	Job One		
Name of Employer:	Name of Last Superviso	or Employment Dates	Salary
Complete Address:		From:	Start:
		То:	Final:
Phone Number:	Your Last Job Title:		29
Reason for Leaving (be	specific):		
while you worked at thi		**	
	Job Two		
lame of Employer:	Name of Last Superviso	r: Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
hone Number:	Your Last Job Title:	9	
eason for Leaving (be	specific):		
ist the jobs you held, d hile you worked at this	uties performed, skills used or le company.	arned, advancements or p	promotions
7		d	
			7.9
	- 64-1	,	

	Job Three		
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:	the same of the sa	From:	Start:
		То:	Final:
Phone Number:	Your Last Job Title:		-
Reason for Leaving (be sp	pecific):		
List the jobs you held, dut while you worked at this c	ties performed, skills used or learr company.	ned, advancements or	promotions
		ned, advancements or	promotions
		ned, advancements or	promotions
	ent employer?		promotions
while you worked at this c	ent employer?		promotions
while you worked at this c	ent employer?	□ No	promotions

## PLEASE READ CAREFULLY

## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Timbisha Shoshone Tribe (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Timbisha Shoshone Tribe, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Timbisha Shoshone Tribe may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

## Signature of Applicant

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.