



EMPLOYMENT APPLICATION (rev/approved 2015)

POSITION APPLYING FOR: _____ ANNOUNCEMENT#: _____ Date Available: _____

List any other Position/Announcement number below:

Announcement #	Position(s) Applying For	Department

NAME _____ EMAIL: _____

LIST ALL OTHER NAMES USED (if applicable): _____

ADDRESS _____
STREET CITY STATE ZIP

HOME NUMBER: _____ MOBILE NUMBER: _____ Message: _____

ARE YOU OVER 18 YEARS OLD? YES NO

I am an enrolled member of the Colorado River Indian Tribes - Enrollment#: _____

I am an enrolled member of: _____ Enrollment#: _____

Have you ever served in the US Military Service? Yes No

If Yes, list Rank & Type of Discharge: _____

Are you willing to submit to a pre-employment drug test and if hired, submit to random drug testing? Yes No

Do you have a Valid Driver's License YES NO

Issuing State _____ Date Expires _____ Drivers License #: _____

Have you worked here before? Yes No *If yes; List Previous Employment (Dates & Position(s):* _____

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Are you able to work? Full Time Part time Days Evenings Weekends Holidays

Are there any hours, shifts or days you cannot or will not work? Yes No _____

Shift preferred _____ Part-Time Hours _____ Full-Time Hours _____

Are you related to a current employee in the Department for which you are applying? Yes No

If yes, who and what is the relationship? _____

Have you ever been convicted of a crime (in any court) within last 7 years? Yes No

If yes, please describe the charges and disposition.

Year	County	State	Disposition

Education

EDUCATION	NAME & LOCATION OF SCHOOL	DIPLOMA / DEGREE RECEIVED
Other Training/Education		

*Identify all licenses or certifications which you currently hold.
Please attach additional documents and/or information if necessary.*

Name of license(s)/certification(s): _____

Licenses/certifications number(s): _____ Issuing State(s): _____

Have your license(s)/certification(s) ever lapsed? _____

If yes, state reason for lapse, revocation or suspension: _____

Date(s) of reinstatement: _____

Are you Bondable? Yes No

In addition to your work history (as indicated below), what other experiences, skills, or qualifications do you possess?

WORK HISTORY

May we contact your present employer? Yes No

If No, please explain: _____

Most Recent Employer:	Date Hired:	Date Left:
Employer Address:	Employer Telephone:	
Starting Position	Position on Leaving	
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	

Previous Employer:	Date Hire:	Date Left:
Employer Address:	Employer Telephone:	
Starting Position:	Position on Leaving	
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	

Previous Employer:	Date Hired:	Date Left:
Employer Address:	Employer Telephone:	
Starting Position:	Position Leaving:	
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	

Previous Employer:	Date Hired:	Date Left:
Employer Address:	Employer Telephone:	
Position on Starting:	Position on Leaving	
Name and Title of Supervisor:		
Description of Duties:	Reason for Leaving:	

Professional Reference Names	Title/Company	Contact Phone # & Email

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand submission of an application does not guarantee employment. I understand none of the documents, policies, procedures, actions, statements of Colorado River Indian Tribes or its representatives used during the employment process is deemed a contract of employment real or implied, I understand no representative of Colorado River Indian Tribes except the Tribal Chairman or Authorized Designee has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and any such agreements must be made in writing and signed by the Tribal Chairman or Authorized Designee.

In consideration for employment with Colorado River Indian Tribes if employed, I agree to conform to the rules, regulations, policies and procedures of Colorado River Indian Tribes at all times and understand that such obedience is a condition of employment. I understand due to the nature of Colorado River Indian Tribes business, attendance and punctuality are considered essential requirements of every job and that poor attendance or tardiness will result in disciplinary action.

I understand if offered a position with Colorado River Indian Tribes, I am required to submit to a drug screening and background check as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and background checks will result in withdrawal of any employment offer or termination of employment if already employed. I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Colorado River Indian Tribes and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Date _____ Applicant's Signature _____

Within the context and intent of Tribal and Veterans Preference and position minimum requirements, C.R.I.T. will provide Equal Employment Opportunity without regard to Race, Color, Sex, Age, Disability, Religion, National Origin, Marital Status, Ancestry, Sexual Orientation or Political Belief.