

NEVADA URBAN INDIANS, INC. EMPLOYMENT APPLICATION

This application is intended for use by Nevada Urban Indians, Inc. It is the policy of Nevada Urban Indians to provide equal employment opportunities for all applicants and employees without regard to race, color, religion, national origin, sex, veteran status, age, disability or any other classification protected by federal, state or local law. Nevada Urban Indians welcomes the opportunity to provide reasonable accommodations to applicants with disabilities. If you require an accommodation during the employment process, please notify an Employment representative.

Any employment relationship with Nevada Urban Indians is “at will.” This means employment can be terminated at any time, with or without cause and with or without notice at the option of either Nevada Urban Indians or the employee. Questions about this policy may be addressed to a Nevada Urban Indians personnel representative.

PLEASE ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY

WORK PREFERENCES

DATE:	POSITION DESIRED:	MONTHLY SALARY DESIRED:
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DATE AVAILABLE TO WORK: ____/____/____	HOURS DESIRED: FULL-TIME _____ PART-TIME _____ HOURS PER WEEK _____
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REFERRED BY (CIRCLE ONE) AD <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> WALK-IN <input type="checkbox"/> STATE EMPLOYMENT <input type="checkbox"/> OTHER <input type="checkbox"/>	REFERRAL SOURCE:
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PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)	HOME PHONE:	BUSINESS PHONE:
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PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)

E-MAIL ADDRESS:	SOCIAL SECURITY NUMBER:	ARE YOU CURRENTLY ELIGIBLE TO WORK IN THE U.S. AND CAN YOU SUBMIT DOCUMENTED PROOF OF THAT ELIGIBILITY (CIRCLE ONE): YES NO
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EMPLOYMENT DATA

PLEASE FILL OUT COMPLETELY AND DO NOT INDICATE 'REFER TO RESUME' LIST ALL CURRENT AND FORMER EMPLOYMENT FOR THE PAST TEN YEARS, BEGINNING WITH THE MOST RECENT. INCLUDE MILITARY SERVICE, SELF-EMPLOYMENT, VOLUNTEER EXPERIENCE, TIME IN SCHOOL AND PERIODS OF UNEMPLOYMENT. (ATTACH ADDITIONAL SHEETS IF NECESSARY.)

ARE YOU CURRENTLY EMPLOYED? (CIRCLE ONE) YES NO	IF YES, MAY WE CONTACT BEFORE AN OFFER IS EXTENDED? (CIRCLE ONE) YES NO
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EMPLOYER _____ CITY AND STATE _____ ZIP CODE _____ IMMEDIATE SUPERVISOR _____ PHONE NUMBER _____ FULL NAME WHILE EMPLOYED _____	FROM: MO & YR _____ WKLY SCHED. HRS _____	TO: MO & YR _____ WKLY SCHED. HRS _____	JOB TITLE: _____ DUTIES: _____ _____ _____ _____
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DID YOU VOLUNTARILY TERMINATE YOUR EMPLOYMENT? (CIRCLE ONE) YES NO	SALARY (MONTHLY/YEARLY)	REASON FOR LEAVING:
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EMPLOYER _____ CITY AND STATE _____ ZIP CODE _____ IMMEDIATE SUPERVISOR _____ PHONE NUMBER _____ FULL NAME WHILE EMPLOYED _____	FROM: MO & YR _____ WKLY SCHED. HRS _____	TO: MO & YR _____ WKLY SCHED. HRS _____	JOB TITLE: _____ DUTIES: _____ _____ _____ _____
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DID YOU VOLUNTARILY TERMINATE YOUR EMPLOYMENT? (CIRCLE ONE) YES NO	SALARY (MONTHLY/YEARLY)	REASON FOR LEAVING:
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EMPLOYER _____ CITY AND STATE _____ ZIP CODE _____ IMMEDIATE SUPERVISOR _____ PHONE NUMBER _____ FULL NAME WHILE EMPLOYED _____	FROM: MO & YR _____ WKLY SCHED. HRS _____	TO: MO & YR _____ WKLY SCHED. HRS _____	JOB TITLE: _____ DUTIES: _____ _____ _____ _____
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DID YOU VOLUNTARILY TERMINATE YOUR EMPLOYMENT? (CIRCLE ONE) YES NO	SALARY (MONTHLY/YEARLY)	REASON FOR LEAVING:
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PLEASE ANSWER THE FOLLOWING QUESTIONS.

A.) DO YOU BELONG TO ANY AMERICAN INDIAN TRIBE? (Circle one) YES NO

B.) PLEASE FILL IN TRIBAL AFFILIATION:

EMPLOYMENT DATA (CONTINUED)

IF NOT INDICATED ON PREVIOUS PAGE, HAVE YOU EVER BEEN EMPLOYED BY NEVADA URBAN INDIANS? YES NO
 IF YES, EMPLOYED FROM (DATE :) TO:

DO YOU HAVE RELATIVES WORKING AT NEVADA URBAN INDIANS? (CIRCLE ONE) YES NO
 IF YES, NAME: RELATIONSHIP:

HAVE YOU APPLIED FOR A POSITION AT NEVADA URBAN INDIANS WITHIN THE PAST THREE MONTHS? YES NO
 IF YES LIST POSITION (S) APPLIED FOR:

BUSINESS REFERENCES (PLEASE LIST THREE PREVIOUS EMPLOYMENT REFERENCES)

NAME (LAST, FIRST):	TELEPHONE:	COMPANY & TITLE:
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NAME: (LAST, FIRST):	TELEPHONE:	COMPANY & TITLE:
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NAME: (LAST, FIRST):	TELEPHONE:	COMPANY & TITLE:
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EDUCATION (VOLUNTARY UNLESS REQUIRED FOR JOB)

SCHOOL ATTENDED	NAME	ADDRESS	CIRCLE LAST YEAR COMPLETED	DEGREE RECEIVED
HIGH SCHOOL/GED			1 2 3 4	
BUSINESS OR OTHER			1 2 3 4	
COLLEGE/UNIVERSITY			1 2 3 4	
GRADUATE SCHOOL			1 2 3 4	

SPECIAL LICENSES, CERTIFICATIONS

TRAINING/EXPERIENCE/SKILLS (VOLUNTARY UNLESS REQUIRED FOR JOB)

PLEASE CIRCLE SPECIAL JOB SKILLS:	10-KEY BY TOUCH _____SPM	COMPUTER SKILLS (NOTE SOFTWARE USED)
TYPING _____WPM	10-KEY BY SIGHT _____SPM	WORD PROCESSING _____
DATA ENTRY/CRT _____SPM	AUTOMATED ACCOUNTING SYSTEM _____	SPREADSHEET _____
SHORTHAND _____WPM		DATABASE _____
		GRAPHICS _____

LIST OTHER SKILLS WHICH YOU FEEL WOULD BE USEFUL IN THIS POSITION:

GENERAL INFORMATION

NOTE: FOR REGULATORY AND BONDING PURPOSES YOU WILL BE FINGERPRINTED AND HAVE A BACKGROUND INVESTIGATION CONDUCTED REGARDING CRIMINAL RECORDS.

HAVE YOU EVER BEEN CONVICTED, SENTENCED TO PARTICIPATED IN A PRE-TRIAL DIVERSION PROGRAM OR PLEAD NO CONTEST IN CONNECTION WITH A CRIMINAL OFFENSE INVOLVING DISHONESTY OR BREACH OF TRUST (CIRCLE ONE) YES NO
 IF YES, PLEASE EXPLAIN:

DO YOU HAVE ANY REASON(S) TO BELIEVE YOU MIGHT NOT BE BONDABLE? (CIRCLE ONE) YES NO
 IF YES, PLEASE EXPLAIN:

ARE YOU ABLE TO PERFORM THE JOB RELATED FUNCTIONS OF THIS POSITION? YES NO
 IF NO, PLEASE EXPLAIN IN DETAIL WHAT ACCOMMODATIONS, IF ANY, WOULD PERMIT YOU TO PERFORM THE DUTIES IN QUESTION.

DO YOU POSSES A NEVADA DIRVERS LICENSE? YES NO
 IF NO, PLEASE EXPLAIN:

