



# THE PAIUTE INDIAN TRIBE OF UTAH

440 North Paiute Drive • Cedar City, Utah 84721 • (435) 586-1112 • (435) 867-2659

## EMPLOYMENT APPLICATION

### POSITION

Position Applying for: \_\_\_\_\_

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### APPLICANT INSTRUCTIONS

1. Complete all Seven (7) ages of the application
2. Print clearly; incomplete or illegible application will not be processed.  
PLEASE NOTE "N/A" IF NOT ANSWERING A QUESTION.
3. Provide ALL requested information. Failure to do so may result in disqualification of your application.

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### EMPLOYMENT INFORMATION

Citizenship/Work Status: \_\_\_\_\_

Current Employer (if any): \_\_\_\_\_ Current Employer's Number: \_\_\_\_\_

Are you able to perform the essential functions of the job? \_\_\_\_\_

Years of Work Experience directly related to the position you are applying for: \_\_\_\_\_

Employment Pay Desired: \$ \_\_\_\_\_  Hourly  Salary

When are you available to start work? \_\_\_\_\_

Do you have a relative working here? If so, please provide the employee's name and your relationship to them:

## EDUCATION

Name of School	Address	Graduate	Years Attended	Major
				Type of Degree
<b>High School</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>College/University</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Bus. or Trade School</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Graduate School</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## WORK EXPERIENCE

**Please list your work experience for the past 5 years beginning with your most recent job.  
If you were self-employed, give firm name. Attach Resume if applicable.**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor/Title: \_\_\_\_\_ Start Wage: \$ \_\_\_\_\_ End Wages: \$ \_\_\_\_\_

Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  Resigned  Quit  Layoff

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor/Title: \_\_\_\_\_ Start Wage: \$ \_\_\_\_\_ End Wages: \$ \_\_\_\_\_

Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  Resigned  Quit  Layoff

**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Supervisor/Title:** \_\_\_\_\_ **Start Wage:** \$ \_\_\_\_\_ **End Wages:** \$ \_\_\_\_\_

**Duties:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  Resigned  Quit  Layoff

**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Supervisor/Title:** \_\_\_\_\_ **Start Wage:** \$ \_\_\_\_\_ **End Wages:** \$ \_\_\_\_\_

**Duties:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  Resigned  Quit  Layoff

### SKILLS AND QUALIFICATIONS

Include any skills, experience, licenses, language, etc. that pertain to this position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INDIAN PREFERENCE

**Are you a member of the Paiute Indian Tribe of Utah?**

Yes  No (If yes, Certificate of Indian Blood or Tribal ID must be submitted with application)

**Are you a member of the Federally Recognized Tribe?**

Yes  No (If yes, Certificate of Indian Blood or Tribal ID must be submitted with application)

**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

As a condition of employment, the Paiute Indian Tribe of Utah (Tribe) requires and pays for a screening test for illegal drug use. When asked to take such examination, I will complete this within 24 hours. Failure to do may cause me ineligible for consideration for employment with the Tribe.

**I agree and understand that if my job requires any type of work card, certificate or license I will produce these at the time of my in-processing (certificate, license, diploma, degree, immigration status, etc.).**

I understand that the Tribe is an At-Will Employer, that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no person of the Employer has the authority to make any assurances to the contrary.

I understand that the Tribe does not discriminate on the basis of race, sex (including pregnancy), color, age, national origin, disability or any other protected status. We base our hiring decisions on a variety of factors, including skills and ability to perform the job, prior employment experience, employment references as to character and willingness to work, willingness to accept the offered salary and personal interviews.

**BY SIGNING BELOW I AGREE TO AND I UNDERSTAND THE TERMS IN THIS APPLICATION.**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**THIS PAGE NEEDS TO BE COMPLETELY FILLED OUT**

**REQUIRED PERSONAL INFORMATION**

\_\_\_\_\_  
First , Full Middle, and Last Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Tribal Affiliation

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Email Address

**REQUIRED OTHER NAMES USED, IF ANY**

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Also Known As

**REQUIRED PREVIOUS RESIDENCE**

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
City, State & Zip

**REQUIRED THREE PROFESSIONAL REFERENCES**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**TO BE COMPLETED FOR POSITIONS REQUIRING LICENSES/CERTIFICATES ONLY**

**PLEASE PROVIDE ALL APPLICABLE INFORMATION**

\_\_\_\_\_  
Individual Taxpayer Identification Numbers (ITIN)

\_\_\_\_\_  
National Provider Identifiers (NPI)

\_\_\_\_\_  
Drug Enforcement Administration (DEA) Number

\_\_\_\_\_  
Unique Physician Identification Numbers (UPIN)

**PROFESSIONAL SCHOOLS ATTENDED**

\_\_\_\_\_  
School Name & Address

\_\_\_\_\_  
Year of Graduation

\_\_\_\_\_  
School Name & Address

\_\_\_\_\_  
Year of Graduation

\_\_\_\_\_  
School Name & Address

\_\_\_\_\_  
Year of Graduation

**OCCUPATIONAL & STATE LICENSURE INFORMATION**

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Occupation/Field of Licensure

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Occupation/Field of Licensure

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Occupation/Field of Licensure

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Occupation/Field of Licensure

\_\_\_\_\_  
Specialty

**OFFICIAL USE ONLY**

<b>Name:</b>				<b>Date Background Check Submitted:</b>	/	/
<b>Department:</b>			<b>Division:</b>			<b>Subdivision:</b>
<b>Reason for Background Check:</b>	<input type="checkbox"/> <b>Employment</b>		<input type="checkbox"/> <b>Internship</b>		<input type="checkbox"/> <b>Volunteer</b>	
	<input type="checkbox"/> <b>Other:</b>				<input type="checkbox"/> <b>Committee</b>	