



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
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bus. or Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School		<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: _____



THE PAIUTE INDIAN TRIBE OF UTAH

Background Check Authorization

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish the **PAIUTE INDIAN TRIBE OF UTAH**, and/or its representative's permission and authority to conduct a background check in order to determine my suitability for employment, volunteer work or other services with the **PAIUTE INDIAN TRIBE OF UTAH**. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of the **PAIUTE INDIAN TRIBE OF UTAH** and **MAXIMUM REPORTS, INC.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

I understand that a background check is a condition of employment, volunteer work or other service with the Paiute Indian Tribe of Utah, and that I may be subject to recurring background checks in accordance with tribal and/or federal law. By signing below, I authorize the Paiute Indian Tribe of Utah to conduct any necessary background check(s) for the purpose of evaluating my qualification for employment or to serve the Paiute Indian Tribe of Utah in another capacity, and consent to the release of background information to the Paiute Indian Tribe of Utah as described in this Form.

I acknowledge that the results of any background check shall become part of my personnel or other file, and that all information shall be confidential and maintained in accordance with the rules and regulations of the Federal Privacy Act, 5 U.S.C. §552a. I acknowledge that I will only receive the pass or fail results of the test if requested.

I acknowledge that I am providing this information under penalty of perjury. I understand that if I provide false information to the Paiute Indian Tribe of Utah, I am subject to discipline, including termination of employment or my relationship with the Paiute Indian Tribe of Utah, and may be subject to criminal prosecution.

Two (2) copies of fingerprints with a copy of your current Identification Card are required with this form.

Print Name _____ **Signature** _____ **Date** _____

THIS PAGE NEEDS TO BE COMPLETELY FILLED OUT

REQUIRED PERSONAL INFORMATION

_____ First Name	_____ Full Middle Name	_____ Last Name
_____ 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
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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

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