



# SAN PASQUAL BAND OF MISSION INDIANS EMPLOYMENT APPLICATION

PERSONAL INFORMATION			
Full Name:		Date:	
Home Phone:		Cell Phone:	
Email:		Preferred contact method: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Email	
Address:			
State name and relationship to any relatives working for SPBMI:		Referred by:	
Please Identify:			
<input type="checkbox"/> San Pasqual Band of Mission Indians Tribal Member (Enrollment # _____)			
<input type="checkbox"/> San Pasqual Band of Mission Indians Tribal Member Spouse (Tribal Member Name _____ (Enrollment # _____))			
<input type="checkbox"/> San Pasqual Band of Mission Indians Lineal Descendant (Tribal Member Name _____ <input type="checkbox"/> First Generation <input type="checkbox"/> Second Generation (Enrollment # _____))			
<input type="checkbox"/> Other American Indian: Tribe Name _____			
<input type="checkbox"/> Non-Indian/Non-Relative			
<b>Hiring Preference:</b> <i>The San Pasqual Tribal Government will at all times and for all positions give hiring, transfer and promotion preference to qualified applicants in the following order: 1) San Pasqual Band of Mission Indians Tribal Members; 2) San Pasqual Band of Mission Indians Tribal Member Spouses; 3) San Pasqual Band of Mission Indians Lineal Descendants; 4) Other American Indians; and 5) all others.</i>			
EMPLOYMENT INTERESTS			
Position applying for:			
Have you previously applied for a position with the SPBMI Tribal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes list date and position applied for: _____			
Have you ever held a position with any SPBMI entity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, which entity? _____			
If yes, list dates and positions held: _____			
Available start date:		Salary desired:	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your current employer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would you like your information added to the T.E.R.O. list? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EDUCATION			
School or Institution	Name and Location	Major	Degree/Diploma
High School			
College/University			
Other			

Special Training/Affiliations:
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Honors or Awards Received:
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Professional Certificates/Licenses held:
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<b>EMPLOYMENT HISTORY</b> List your previous work history for the past 7 years, starting with the most recent
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Company Name:	Address:	Telephone	Dates Employed (Month/Year) From: To:
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Job Title:	Supervisor's Name/Title:	Type of Business:
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Description of Duties:	Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Company Name:	Address:	Telephone	Dates Employed (Month/Year) From: To:
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Job Title:	Supervisor's Name/Title:	Type of Business:
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Description of Duties:	Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Company Name:	Address:	Telephone	Dates Employed (Month/Year) From: To:
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Job Title:	Supervisor's Name/Title:	Type of Business:
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Description of Duties:	Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Company Name:	Address:	Telephone	Dates Employed (Month/Year) From: To:
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Job Title:	Supervisor's Name/Title:	Type of Business:
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Description of Duties:	Reason for Leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>OTHER INFORMATION</b>
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Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain</i>
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Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, Branch \_\_\_\_\_ Rank \_\_\_\_\_ Dates of Duty (Month/Year) From: \_\_\_\_\_ To: \_\_\_\_\_

Are you at least 18 years of age or older?  Yes  No *If no, you may be required to provide authorization to work.*

Do you have the legal right to work and be employed in the U.S.?  Yes  No  
*Proof of identity and legal authority to work in the U.S. is a condition of employment*

Do you have reliable transportation to and from work?  Yes  No

Are you willing to work overtime, if necessary?  Yes  No

Do you understand the job requirements?  Yes  No

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?  Yes  No

List languages, other than English, in which you are fluent:

1. \_\_\_\_\_  Speak  Read  Write

2. \_\_\_\_\_  Speak  Read  Write

List all computer software programs you are proficient with:

Ability to type?  Yes  No

**PROFESSIONAL REFERENCES**  
 Please include a minimum of two references

Name	Phone	Email	Business Name/Affiliation	Years Acquainted

**PERSONAL REFERENCES**  
 Please include a minimum of two references

Name	Phone	Email	Business Name/Affiliation	Years Acquainted

**ACKNOWLEDGEMENT (PLEASE READ CAREFULLY BEFORE SIGNING BELOW):**

\_\_\_\_\_  
*Initials*

I hereby affirm that the information provided on this employment application form and my resume is true and complete to the best of my knowledge. I understand and agree that falsified information or omissions may result in the termination from employment if discovered after my employment has begun. I hereby authorize San Pasqual Tribal Government (hereinafter referred to as the "Tribe") to substantiate and verify my past employment, credentials and any of the information associated with my qualification. I also authorize my previous schools, employers, and listed references to release to the Tribe any relevant information that may reasonably be requested in connection with my employment. I agree that the Tribe and my previous employers, schools and references shall not be held liable if an employment offer is not tendered, withdrawn, or employment is terminated due to any false information I provided or information I failed to provide.

\_\_\_\_\_  
*Initials*

I understand that as a condition of employment in a position pertaining to Financial Data, a Consumer Credit Report may be applicable as part of the background screening process.

\_\_\_\_\_  
*Initials*

I understand that as a condition of employment in positions working directly with children or where children may be present, additional background screening which may include extensive and specialized screening will be required.

\_\_\_\_\_  
*Initials*

I understand that no statement in this form, related policies, or any offer of employment may be construed as an employment contract.

\_\_\_\_\_  
*Initials*

**At-Will Employment:**

I understand that employment with the San Pasqual Tribal Government is at-will and for no definite period. The employment relationship may be terminated at any time by the employee or the Tribe for any or no reason and with or without notice.

\_\_\_\_\_  
*Initials*

**Drug Testing:**

I understand that the San Pasqual Tribal Government is a drug-free workplace. All employees must pass pre-employment and other mandatory drug testing for all federally controlled substances such as marijuana.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer be terminated at any time and for any reason without any previous notice.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_