



WASHOE TRIBE OF NEVADA AND CALIFORNIA

919 U.S. Hwy 395 North, Gardnerville, Nevada 89410

(775) 265-8600 Fax: (775) 265-9069

HR@washoetribe.us

Employment Application

Washoe Tribe Applicant Procedures

Please follow the guidelines listed below when filling out your application:

1. Complete the Application for Employment in its entirety, providing detailed and accurate information. Include area codes with phone numbers, city, state and zip codes with addresses, particularly on the Employment History section.
2. Veterans preference will be given only if a copy of your DD-214 demonstrating eligibility is attached.
3. Indian preference will be given only if a copy of your tribal document or ID card demonstrating proof is attached.
4. Return the completed application, any copies and/or original supporting documents (resumes, certificates, licenses, etc.) to the Front Office at 919 U.S. Hwy 395 South, Gardnerville, Nevada, 89410 by either post or hand delivered.
5. Any offer of employment will be contingent upon the satisfactory completion of a drug test, background check where applicable, and compliance with the requirements of the Immigration and Control Act of 1986.



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POSITION(S) APPLYING FOR:

LAST NAME FIRST NAME MI

MAILING ADDRESS

CITY STATE ZIP

HOME PHONE OTHER PHONE E-MAIL ADDRESS

Are you a current Washoe Tribe employee? (check one) YES NO
How did you find out about this position? Newspaper Internet Washoe Website Friend Walk-in

CONDITIONS OF EMPLOYMENT: Indicate the types of employment you WILL accept.

- FULL-TIME EMPLOYMENT LIMITED SERVICE (USUALLY GRANT FUNDED)
PART-TIME EMPLOYMENT SEASONAL INTERMITTENT (WORK THROUGHOUT THE YEAR)
SUMMER EMPLOYMENT TEMPORARY (DOES NOT EXCEED 90 CALENDAR DAYS)

EDUCATION:

HIGH SCHOOL LOCATION DID YOU GRADUATE? YES NO
IF NO, DO YOU HAVE A GED? YES NO

COLLEGE OR TRADE SCHOOL LOCATION DID YOU GRADUATE? YES NO

COLLEGE OR TRADE SCHOOL LOCATION DID YOU GRADUATE? YES NO

EMPLOYMENT HISTORY: List your work history for the last ten years, beginning with your last job.

EMPLOYER		FROM	TO	HRS/WEEK	JOB TITLE
ADDRESS		PHONE		DUTIES	
STARTING WAGE	ENDING WAGE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REASON FOR LEAVING					

EMPLOYER		FROM	TO	HRS/WEEK	JOB TITLE
ADDRESS		PHONE		DUTIES	
STARTING WAGE	ENDING WAGE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REASON FOR LEAVING					

EMPLOYER		FROM	TO	HRS/WEEK	JOB TITLE
ADDRESS		PHONE		DUTIES	
STARTING WAGE	ENDING WAGE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REASON FOR LEAVING					

EMPLOYER		FROM	TO	HRS/WEEK	JOB TITLE
ADDRESS		PHONE		DUTIES	
STARTING WAGE	ENDING WAGE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REASON FOR LEAVING					

EMPLOYER		FROM	TO	HRS/WEEK	JOB TITLE
ADDRESS		PHONE		DUTIES	
STARTING WAGE	ENDING WAGE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REASON FOR LEAVING					

Please attach additional work history statements if needed.

I CERTIFY THAT I AM A U.S. CITIZEN, PERMANENT RESIDENT OR A FOREIGN NATIONAL WITH AUTHORIZATION TO WORK IN THE UNITED STATES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
VETERAN'S PREFERENCE? IF YES, PLEASE ATTACH A COPY OF YOUR DD-214.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU AN ENROLLED MEMBER OF A FEDERALLY RECOGNIZED TRIBE? TRIBE: _____ ENROLLMENT NUMBER: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A PLEA OF GUILTY, NO CONTEST, OR HAD A WITHHELD JUDGEMENT TO A FELONY OR MISDEMEANOR (OTHER THAN MINOR TRAFFIC VIOLATIONS)? NOTE: A "YES" ANSWER TO THESE QUESTIONS WILL NOT AUTOMATICALLY BAR YOU FROM EMPLOYMENT. WE WILL CONSIDER THE NATURE, SEVERITY, DATE OF THE OFFENSE, AND RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES PLEASE EXPLAIN (ATTACH ANOTHER SHEET IF NECESSARY).		
ARE YOU EIGHTEEN YEARS OR OLDER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU RELATED TO ANY CURRENT WASHOE TRIBE EMPLOYEE? IF SO, WHICH DEPARTMENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

I certify that answers given herein are true and complete to the best of my knowledge. I understand that Washoe Tribe of Nevada and California is relying upon all of the representation, both written and oral, which I have made during the entire process of applying for employment with Washoe Tribe. I understand this application is not intended to be a contract of employment. Furthermore, I understand that just as I am free to resign at any time, Washoe Tribe reserves the right to terminate my employment at any time, with or without prior notice. In the event that I am employed by Washoe Tribe, I understand that if I make any false statements, misrepresentations, or omissions in this application process I may be discharged at any time during my employment and I agree to hold Washoe Tribe or any person named herein harmless in that event.

PROFESSIONAL REFERENCE	DATES KNOWN FROM	To	JOB TITLE
ADDRESS			PHONE
PROFESSIONAL REFERENCE	DATES KNOWN FROM	To	JOB TITLE
ADDRESS			PHONE
PROFESSIONAL REFERENCE	DATES KNOWN FROM	To	JOB TITLE
ADDRESS			PHONE

Authorization to Release Information

Having made application for a position with Washoe Tribe, I wish them to be informed as to my previous record and character, to determine my qualifications and suitability for the position. For this specific purpose, I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of Washoe Tribe, upon presentation of this waiver, or a photocopy of this waiver, whether in person, by mail, fax, or other method of conveyance.

This release is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original of my signature.

Examples of types of information I am requesting that you provide include, but are not limited to: Dates of employment, rate of pay, job title, dependability, honesty, attitude towards the job, interactions with fellow employees, and reason for leaving, education records, and/or other such information you may have concerning my qualifications and suitability. I hereby release you as the custodian of such record, and any law enforcement agency, criminal justice agency, school, college, university, or other educational institution, including officers, agents, employees, related personnel, both individually and collectively, from any and all liability for damage for whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance

SIGNATURE	DATE
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