SHERWOOD VALLEY BAND of POMO INDIANS

APPLICATION for EMPLOYMENT

Date: _____

Please print or type

Last Name	First Name	Middle
Other names used	Day time phone #	Other phone #
Mailing Address	City	State / Zip
Physical Address	City	State / Zip

Employment Desired:

Position applying for: _____

☐ Regular full-time position Days and hours available: _____

☐ Regular part-time position Days and hours available: _____

☐ Temporary position (summer, holiday or labor pool)

If applying for a temporary position, please list the period of time you will be available: _____

Are you available for work on weekends: ..... ☐ Yes..... ☐ No

Available to work overtime if necessary: ..... ☐ Yes..... ☐ No

If hired, what date can you start work? _____

If applying for a driving position, do you have a valid California Driver License? ..... ☐ Yes..... ☐ No

Personal Information:

Have you ever applied to or worked for Sherwood Valley Band of Pomo Indians? ..... ☐ Yes..... ☐ No

If yes, when? _____ What department? _____

Do you have any friends or relatives working for Sherwood Valley Band of Pomo Indians? _____

If yes, state name(s) and relationship:

Name	Relationship
Name	Relationship

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... ☐ Yes..... ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ..... ☐ Yes..... ☐ No

If no, describe the function(s) that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed? ..... ☐ Yes..... ☐ No

If so, may we contact your current employer? ..... ☐ Yes..... ☐ No

Education, Training, and Experience:

School	Name and Address	No. of years completed	Did you Graduate	Degree or Diploma
High School	Name	# of years	Graduate?	Diploma/Degree
	Address			
	City	State	Zip	
College/ University	Name	# of years	Graduate?	Diploma/Degree
	Address			
	City	State	Zip	
Vocational/ Business	Name	# of years	Graduate?	Diploma/Degree
	Address			
	City	State	Zip	
Health Care Training	Name	# of years	Graduate?	Diploma/Degree
	Address			
	City	State	Zip	

Do you speak, write or understand any foreign languages? ..... ☐ Yes..... ☐ No

If yes, which language(s):

Do you have any other experience, training, qualifications, or skill which you feel make you especially suited for work at Sherwood Valley Band of Pomo Indians……..☐ Yes……..☐ No

If so please explain:_____

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the position applied for? ……..☐ Yes……..☐ .No

Name of license/certification: _____Issuing State: _____

Has your license/certification ever been revoked or suspended?: ……..☐ Yes……..☐ No

If yes, state reason(s), date or revocation or suspension and date or reinstatement:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name | Last Name | Phone #

Address | City | State | Zip

Occupation | No. of years acquainted

First Name | Last Name | Phone #

Address | City | State | Zip

Occupation | No. of years acquainted

First Name | Last Name | Phone #

Address | City | State | Zip

Occupation | No. of years acquainted

Military Service

Have you obtained any special skills or abilities as the result of service in the military? ☐ Yes……..☐ .No

If so describe:

Employment History:

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section with resume attached.

Name of Employer _____ Phone # _____

Type of Business _____ Your Supervisor's Name _____

Address _____ City _____ State _____ Zip _____

Your position and duties _____

Dates of Employment: From _____ To _____

Reason for Leaving _____

May we contact this employer for a reference? ……☐ Yes……☐ No

Name of Employer _____ Phone # _____

Type of Business _____ Your Supervisor's Name _____

Address _____ City _____ State _____ Zip _____

Your position and duties _____

Dates of Employment: From _____ To _____

Reason for Leaving _____

May we contact this employer for a reference? ……☐ Yes……☐ No

Name of Employer _____ Phone # _____

Type of Business _____ Your Supervisor's Name _____

Address _____ City _____ State _____ Zip _____

Your position and duties _____

Dates of Employment: From _____ To _____

Reason for Leaving

May we contact this employer for a reference? ……☐ Yes……☐ No

Name of Employer | Phone #

Type of Business | Your Supervisor's Name

Address | City | State | Zip

Your position and duties

Dates of Employment: From To

Reason for Leaving

May we contact this employer for a reference? ……☐ Yes……☐ No

Indian Preference:

In accordance with Public Law: 92-261 "Indian Preference Act", this agency will recruit and give preference to qualified American Indians in employment and training. Please complete and provide certification or verification of Tribal membership, if you are claiming eligibility for this preference.

Tribal Affiliation | Tribe | Agency

The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

I understand and agree that my employment is subject to the personnel policies and procedures of this agency. Such signature shall also constitute my consent to drug testing, including, but not limited to, collection of a urine sample by the medical clinic or laboratory conducting the drug test for the purpose of determining the presence of drugs or alcohol, and the release of such drug test results to the appropriate official of Sherwood Valley Rancheria.

Signature | Date

Resume is required with this application

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly with-held any information that might adversely affect my chance for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Sherwood Valley Band of Pomo Indian's designated representative to conduct an investigation into my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Sherwood Valley Band of Pomo Indians, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

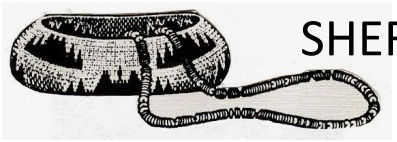
_____ I understand that nothing contained in the application or conveyed during any interview, which I may be granted, or during my employment, if hired, is intended to create an employment contract between me and Sherwood Valley Band of Pomo Indians. I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and Sherwood Valley Rancheria's designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Sherwood Valley Band of Pomo Indians, I am entitled to copies of any such public records obtained by Sherwood Valley Rancheria unless I mark the check box below, If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the paragraph above.

_____ _____

Date Applicant's Signature



SHERWOOD VALLEY BAND of POMO INDIANS

Reference Release Form

Applicant Name: _____

Social Security #: _____ Dates of Employment: _____

The above named applicant is being considered for employment with Sherwood Valley Band of Pomo Indians and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated In confidence. Please fax or return this form to us at your earliest convenience. Thank you for your assistance.

Applicant's Authorization

I consent to and authorize my former employer and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with my former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release my former employer and its agents and employees, from liability for damages or claims including but not limited to defamation, interference with contract or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

_____ _____

Applicant's Signature Date

DO NOT WRITE BELOW THIS LINE

Record of Employment

Former Employer: _____

_____ _____

Position held Dates employed

Summary of duties: _____

_____

Reason for leaving: _____

Salary at separation: **$**_____ Eligible for rehire? _____Yes _____No

Please rate the following:	**Excellent**	**Good**	**Average**	**Fair**	**Poor**
Job knowledge					
Accuracy					
Productivity					
Attendance					
Overall performance					

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