

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.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes..... No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

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 Address City	# of years	Graduate?	Diploma/Degree
College/ University	Name Address City	# of years	Graduate?	Diploma/Degree
Vocational/ Business	Name Address City	# of years	Graduate?	Diploma/Degree
Health Care Training	Name Address City	# of years	Graduate?	Diploma/Degree

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Has your license/certification ever been revoked or suspended?: Yes.....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 of revocation or suspension and date of 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: _____ Weekly Pay: _____
From To Starting Ending

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: _____ Weekly Pay: _____
From To Starting Ending

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: _____ Weekly Pay: _____
From To Starting Ending

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: _____ Weekly Pay: _____
From To Starting Ending

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 withheld 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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