



APPLICATION FOR EMPLOYMENT
SAN CARLOS APACHE TRIBAL HUMAN RESOURCES DEPT.
THE SAN CARLOS APACHE TRIBE
P. O. BOX 0
SAN CARLOS, ARIZONA 85550

Print Clearly

Announcement No. _____

| | | | | |
|--|-------|--------|--|--|
| 1. TITLE OR POSITION FOR WHICH YOU ARE APPLYING: | | | 7. DATE OF BIRTH | |
| 2. LAST NAME | FIRST | MIDDLE | 8. SOCIAL SECURITY NUMBER | |
| 3. MAILING ADDRESS: | | | 9. AUTHORITY TO WORK IN THE U.S.: [] U.S. CITIZEN [] ALIEN WORK PERMIT NUMBER: _____ | |
| 4. ARE YOU NOW WORKING FOR THE SAN CARLOS APACHE TRIBE? | | | 10. MILITARY SERVICE: ARE YOU A VETERAN? [] YES [] NO DATES AND BRANCH OF SERVICE: | |
| 5. ARE YOU CLAIMING INDIAN PREFERENCE? INDIAN TRIBE AND ENROLLMENT NUMBER: | | | 11. NAME AND PHONE NUMBER OF PERSONS TO CONTACT REGARDING EMPLOYMENT: | |
| 6. CAN YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? SPECIFY: | | | | |

| 12. EDUCATION AND TRAINING HISTORY (SUBJECT TO VERIFICATION BY PERSONNEL): TRANSCRIPTS OR CERTIFICATE SHOULD BE ATTACHED TO RECEIVE FULL CREDIT | | | | |
|---|----------------|--------------------------|--------------|------------------------------|
| NAME AND ADDRESSES OF SCHOOLS ATTENDED | DATES ATTENDED | NUMBER OF SEMESTER HOURS | DATE OF GRAD | CURRICULUM/ SUBJECTS STUDIED |
| HIGH SCHOOL OR GED | | | | |
| COLLEGE OR UNIVERSITY | | | | |

13. NAME OFFICE OR SHOP MACHINES, TOOLS, EQUIPMENT YOU CAN SET UP AND SAFELY OPERATE.

14. OFFICE SKILLS:
 SHORTHAND: _____ TYPING: _____
 _____ WPM _____ WPM

15. HAVE YOU EVER BEEN CONVICTED FOR ANY CRIME? ____NO ____YES. ARE YOU CURRENTLY UNDER CHARGES FOR ANY CRIME IN ANY COURT? ____NO ____YES (EXPLAIN. Include month and year):

1. _____ 3. _____
 2. _____ 4. _____

16. IF YOU ARE APPLYING FOR A JOB WHICH REQUIRES A DRIVERS LICENSE:

LICENSE NUMBER: _____ CLASS: _____ STATE: _____ EXPIRES _____

17. REFERENCES: PLEASE LIST TWO PEOPLE NOT RELATED TO YOU, WHO KNOW YOUR QUALIFICATIONS AND FITNESS FOR THE JOB YOU ARE APPLYING FOR. DO NOT USE SUPERVISORS LISTED UNDER EMPLOYMENT HISTORY.

| FULL NAME REFERENCE | PRESENT BUSINESS OR HOME ADDRESS | TELEPHONE NUMBER | BUSINESS OR OCCUPATION |
|---------------------|----------------------------------|------------------|------------------------|
| | | | |
| | | | |

18. HAVE YOU EVER BEEN FIRED FROM A JOB?
 _____ NO _____ YES PLEASE EXPLAIN _____

EMPLOYMENT HISTORY: LIST YOUR PAST WORK RECORDS, INCLUDE ANY INTERRUPTIONS IN YOUR WORK HISTORY SUCH AS SCHOOL. LENGTHY PERIODS OF UNEMPLOYMENT, SABBATICALS, ETC., INCLUDE SELF EMPLOYMENT AND U.S. MILITARY SERVICE. START WITH PRESENT OR LAST POSITION.

| | |
|--|------------------------|
| 19. NAME OF EMPLOYER: | DATES OF EMPLOYMENT |
| ADDRESS: | FROM (MONTH AND YEAR): |
| NAME / TITLE OF SUPERVISOR: | TO (MONTH AND YEAR): |
| YOUR TITLE: | HOURS PER WEEK: |
| PHONE: | |
| DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED | |
| | |
| | |
| | |

REASONS FOR WANTING TO LEAVE:

| | |
|--|------------------------|
| 20. NAME OF EMPLOYER: | DATES OF EMPLOYMENT |
| ADDRESS: | FROM (MONTH AND YEAR): |
| NAME / TITLE OF SUPERVISOR: | TO (MONTH AND YEAR): |
| YOUR TITLE: | HOURS PER WEEK: |
| PHONE: | |
| DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED | |
| | |
| | |
| | |

REASONS FOR WANTING TO LEAVE:

| | |
|--|------------------------|
| 21. NAME OF EMPLOYER: | DATES OF EMPLOYMENT |
| ADDRESS: | FROM (MONTH AND YEAR): |
| NAME / TITLE OF SUPERVISOR: | TO (MONTH AND YEAR): |
| YOUR TITLE: | HOURS PER WEEK: |
| PHONE: | |
| DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED | |
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| | |

REASONS FOR WANTING TO LEAVE:

CONDITIONS OF EMPLOYMENT
(Please read carefully before signing)

In submitting an application, I understand that false statements may be grounds for not hiring me or for firing me after I begin work. If I am employed I assure the San Carlos Apache Tribe that I am bondable (for positions which require employees to be bonded). I authorize the San Carlos Apache Tribe to investigate all statements on this application and releases from all liability all persons, corporations, schools, or other organizations furnishing information. I further understand that, if employed on a permanent basis, I will be subject to a probationary period as specified in the Tribal Human Resources Policies and Procedures. **Incomplete applications will not be considered.**

SIGNATURE OF APPLICANT

DATE

INSTRUCTIONS TO THE San Carlos Apache Tribe APPLICANT/EMPLOYEE REGARDING DRUG TEST PROCESS

1. Although you will be required to provide 3 ounces of urine for drug/alcohol testing and need a full bladder, you should limit fluid intake in the three hour prior to giving a urine sample, unless advised by your physician.
2. Once you report to the facility where the urine sample is collected, the collection must be done that day. You may not come back the following day or any subsequent day to provide a sample. If a sample is not provided on the same day you report to the facility, your application for employment will be considered incomplete. Employees will be subject to disciplinary action including termination of employment.
3. You are required to provide the collection facility with photo identification.
4. You will be asked to remove any bulky outer garments and to leave personal belongings (i.e., purses, briefcases) outside the collection room.
5. Since a urine specimen temperature check must be done immediately following urination, you will need to give your urine to the collection site person within 2 minutes following urination. If the sample does not meet temperature requirements, another sample will be taken. If the second sample does not meet temperature requirements, the sample will be considered invalid for testing and if you are an applicant your employment will not be considered.
6. You should keep your urine specimen in view at all times prior to it being sealed and labeled. Once a tamper proof seal has been placed on the specimen, the collection site personnel may remove the sample for security storage and shipment.
7. The collection facility will provide a Test Request For & Chain of Custody. Make certain you sign this form upon completion of the collection process.
8. If you are not subject to Department of Transportation testing, you will be tested for alcohol, amphetamines (stimulants), barbiturates (downers), benzodiazepines (sedatives), cannabinoids (marijuana), cocaine, methadone, opiates (heroin), phencyclidine (PCP), and propoxyphene (Darvon, etc.). If you are subject to Department of Transportation Testing, you will be tested for amphetamines, cocaine, marijuana, opiates and phencyclidine. If you are illegally using or abusing any of these substances, do not continue with the application process for employment with SCAT.

Please read and sign on reverse

SAN CARLOS APACHE TRIBE

San Carlos Avenue
P.O. Box 0
San Carlos, Arizona 85550
(928) 475-2361 Fax (928) 475-2296

Terry Rambler
Tribal Chairman



Tao Etpison
Tribal Vice-Chairman

Application:

San Carlos Apache Tribe employees, as a condition of employment, are required to be free from any measurable amounts of illegal drugs, unprescribed controlled substances and alcohol. Because San Carlos Apache Tribe is committed to providing a drug free working environment for our customers and employees, all offers of employment are contingent upon a urinalysis drug test which indicates that you are free from illegal drugs, alcohol and unprescribed controlled substances.

If you are offered a position with San Carlos Apache Tribe you will be required to report within 24 hours, with photo identification to take a urinalysis drug test. Although certain security measures are taken in order to prevent cheating, your personal privacy in the collection process will be respected. The results of this test will be forwarded to the appropriate person at the San Carlos Apache Tribe.

CONSENT AND RELEASE FOR TESTING

I consent freely and voluntarily to the collection process and testing of my urine. I hereby, release and hold harmless the San Carlos Apache Tribe, its employees, designated representatives and agents, for any liability whatsoever arising from this request to furnish my specimens, the testing of my employment based upon the result of these tests. I further authorize the confidential release of laboratory drug test results to the San Carlos Apache Tribe or designee of the San Carlos Apache Tribe at any future date as they are needed.

If I should test positive for a prescription medication and there is no record of verification of prescriptions, I understand that my test result will be considered positive and that I will not be eligible for a position at the San Carlos Apache Tribe.

I have read the "Instructions to Applicant Regarding Drug Testing Process" and I understand all the requirements, and I had the opportunity to read the company's drug/alcohol policy.

I have read and understand the above.

SIGNATURE

DATE

SAN CARLOS APACHE TRIBE
HUMAN RESOURCES DEPARTMENT
P.O. Box 0
San Carlos, Arizona 85550
Phone: (928) 475-1760 Fax: (928) 475-2296

Terry Rambler
Tribal Chairman



Tao Etpison
Tribal Vice-Chairman

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Date of Birth: _____
Last First MI MM/DD/YYYY

Alias AKA also known as (nicknames, maiden, etc.): _____

Social Security Number: _____
XXX-XX-XXXX

As an applicant applying for a position with The San Carlos Apache Tribe, I have been asked to furnish information for use in reviewing my background and qualifications. I hereby authorize the San Carlos Apache Tribal Human Resources Department to investigate my past/present work, character, education, and military and police records to ascertain any and all information which may be pertinent to employment qualifications. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, motor vehicle driving records and criminal history record information. I agree to cooperate in such an investigation and release all persons/corporations from liability or responsibility that are requesting or supplying such information. **Failure to cooperate in such investigation is a violation of policy and will result in denial/termination of employment with the San Carlos Apache Tribe. You may obtain a copy of this release for your files.**

I have read and understand the nature of this release.

Signature _____ Date _____

**Addendum to Application for Employment
San Carlos Apache Tribal Personnel Department
Child Care & Indian Child Care Worker Position**

Name: _____ **Social Security Number:** _____
(Please Print)

Job Title in Announcement: _____ **Announcement Number:** _____

Section 231 of the Crime Control Act 1990, Public Law 101-647(codified in 42 United States Code § 13041), requires that employment applications for child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630 (codified in 25 United States Code § 3207), contains a related requirement for positions that involve regular contact with or control over Indian children. The tribe must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Application for Employment:

- 1) Have you ever been arrested for or charged with a crime involving a child? YES _____ NO _____
[If "YES," provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]

- 2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children?
YES _____ NO _____
[If "YES," provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]

I certify that I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the San Carlos Apache Tribe and my right to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature (sign in ink) **Date**