

It is the policy and practice of the Mechoopda Indian Tribe of Chico Rancheria (Tribe) to give preference in employment to qualified Native American candidates. If qualified Native American candidates are not available and if it is feasible and consistent with efficient performance, employment and training opportunities to Native Americans who are not fully qualified will be provided in accordance with CFR 42 Section 36.221. Preference to Native Americans will be given in the following order: 1) Mechoopda Indian Tribal members, 2) members of all California tribes, 3) members of all other tribes.

Please print clearly For what position are you applying? How did you hear about this position? Why are you applying to work for the Mechoopda Indian Tribe? **Personal Information** Last Name First Name Date M.I. Phone number (xxx) xxx-xxxx Email address Street address Apartment/Unit ZIP Code City State **Yes** □ No Have you ever applied to or worked for the Mechoopda Indian Tribe? If yes, when? Do you have relatives working for the Mechoopda Indian Tribe*? T Yes □ No If yes, please provide name(s) and relationships. Name Relationship Name Relationship *We may refuse to hire relatives or present employees if doing so could result in actual or potential problems in supervision, security, safety, morale, or if doing so could create conflicts of interest. Are you authorized to work for any employer in the United States? Yes No If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age)	Yes	🗌 No
Are you an enrolled member/citizen of a Native American Tribe? If yes, please attach a copy of enrollment verification (i.e., certificate, Trib	Yes Yes ID card, etc.).	No
Are you able to perform the essential functions of the job for which you are reasonable accommodation? If not, describe the functions that cannot be performed:	applying, either wi	ith or without

(The Mechoopda Indian Tribe considers 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.)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances 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. ______ Initials

I hereby authorize the Tribe to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the Tribe 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 the Tribe, 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. Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Tribe. In addition, 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 Tribe, and that no promises or representations contrary to the foregoing are binding on the Tribe unless made in writing and signed by me and the Tribe's designated representative. _____ Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire. ______ Initials

I waive receipt of a copy of any public record described above.

Applicant Signature

Date

Please complete pages 3-5 if you are **not** providing a resumé **and** references.

Education, Training, and Experience

	Name	Address	Years completed	Did you graduate?	Name of Degree or Diploma
High School					
College/ University					
Vocational/ Business					
Health Care Training					
Additional School					

Employment History Please provide <u>at least</u> five years of employment history.

Employer 1:

Employer	Street Address		
City	State	ZIP Code	Phone Number
Supervisor	Employment Dates: _	From	То
Brief description of duties:			
Reason for leaving:		Okay to	contact? Yes

Employer 2:

Employer	Street Address			
City	State	ZIP Code	Phone Numb	per
Supervisor	Employment Dates: _	From	То	
Brief description of duties:				
Reason for leaving:		Okay to	contact? 🗌 Yes	No
Employer 3:				
Employer	Street Address			
City	State	ZIP Code	Phone Numb	per
Supervisor	Employment Dates: _	From	То	
Brief description of duties:				
Reason for leaving:		Okay to	contact? 🗌 Yes	No
List any additional skills or training:				

Please attach additional pages if needed.

References

List three (3) persons **not** related to you who have **direct knowledge** of your work performance within the last three years (i.e., co-worker, direct report). Please provide **at least** one (1) supervisor (preferably current or most recent).

Reference 1

Name	Relationship to Applicant	Years known	
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Phone Number	Email Address		
Reference 2			
Name	Relationship to Applicant	Years known	
Phone Number	Email Address		
Reference 3			
Name	Relationship to Applicant	Years known	
Phone Number	Email Address		