



KASHIA SERVICES APPLICATION

Important: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

FIRST NAME	MIDDLE	LAST		
PRESENT ADDRESS IN FULL	CITY	STATE	ZIP	TELEPHONE
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP	TELEPHONE
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	YOUR VISA TYPE IF AVAILABLE	VISA NUMBER	VISA EXPIRATION DATE	

IF HIRED, WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? YES NO

ARE YOU AT LEAST 18 YEARS OLD? (EMPLOYEES MUST BE AT LEAST 18) YES NO

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

MEMBER OF A FEDERALLY RECOGNIZED NATIVE AMERICAN TRIBE: YES NO

NAME OF TRIBE: _____

POSITION INFORMATION

POSITION APPLIED FOR: _____

REFERRAL SOURCE - ADVERTISEMENT (specify): _____

OTHER: _____

Qualified Native Americans will be given preference in employment as required by the Indian Self-Determination and Education Assistance Act (25 U.S. 450, ET. Seq) and other relevant laws. In accordance with Title VI of the 1984 Civil Rights Act, Sections 701(b) and 703(1), preference in filling all-vacancies may be given to qualified American Indian candidates. In other than the proceeding situations, the Stewarts Point Rancheria is an Equal Opportunity Employer (EOE).

ARE YOU WILLING TO WORK A FLEXIBLE SCHEDULE IF NECESSARY? _____

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? _____

ARE YOU WILLING TO RELOCATE? _____

HAVE YOU EVER BEEN EMPLOYED BY THE TRIBE? YES NO

IF SO WHEN? _____ WHERE? _____ POSITION? _____

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED BY THE TRIBE? YES NO

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION: _____

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE TRIBE? YES NO

IF SO WHEN? (MO/YR) _____

FOR WHAT POSITION? _____

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE?

_____ FLUENT? _____

_____ FLUENT? _____

_____ FLUENT? _____

EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY.

PREVIOUS EMPLOYER

FULL NAME OF COMPANY TELEPHONE SALARY - BEGIN/END EMPLOYED - FROM/TO

STREET ADDRESS CITY STATE

NAME & TITLE OF SUPERVISOR REASON FOR LEAVING

TITLE OF YOUR POSITION DEPARTMENT

DUTIES
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

PREVIOUS EMPLOYER

FULL NAME OF COMPANY TELEPHONE SALARY - BEGIN/END EMPLOYED FROM/TO

STREET ADDRESS CITY STATE ZIP

NAME & TITLE OF SUPERVISOR REASON FOR LEAVING

TITLE OF YOUR POSITION DEPARTMENT

DUTIES
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
STREET ADDRESS		CITY	STATE ZIP
NAME & TITLE OF SUPERVISOR		REASON FOR LEAVING	
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?		YES	NO

LIST PART-TIME EMPLOYMENT WHILE IN SCHOOL, INCLUDING COMPANY NAME(S), ADDRESSES, DATES OF EMPLOYMENT:

ARE THERE ANY PERIODS OF UNEMPLOYMENT AND/OR PART TIME EMPLOYMENT SINCE YOU GRADUATED OR LAST ATTENDED HIGH SCHOOL WHICH ARE NOT LISTED ABOVE OR ON A SEPARATE SHEET? _____ IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED OR TERMINATED? _____

IF YES, PLEASE EXPLAIN: _____

MISCELLANEOUS INFORMATION

DO YOU HAVE A VALID DRIVERS LICENSE? _____ LICENSE NO. _____ STATE _____ EXP. DATE _____

MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE): _____ MILITARY OCCUPATION: _____

LENGTH OF ACTIVE DUTY (MONTH/YEAR)

DATE OF ENTRY: _____

DATE OF SEPARATION: _____ RANK AT THE TIME OF SEPARATION: _____

REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE WITHIN THE LAST THREE YEARS:

NAME: _____

OCCUPATION: _____

PHONE NO.: _____

NUMBER OF YEARS ACQUAINTED: _____

NAME: _____

OCCUPATION: _____

PHONE NO.: _____

NUMBER OF YEARS ACQUAINTED: _____

NAME: _____

OCCUPATION: _____

PHONE NO.: _____

NUMBER OF YEARS ACQUAINTED: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading

statement or omission of pertinent information will result in the rejection of my application, or dismissal if discovered subsequent to my employment.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purposes of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one) _____ I do not qualify
_____ I do qualify under the following:

- _____ Handicapped
- _____ Vietnam Era Veteran
- _____ Disabled Veteran

SIGNATURE: _____ DATE: _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary to reapply during this six-month period. Your interest in a job position with Kashia Services is appreciated.