



# Stewarts Point Rancheria

*Kashia Band of Pomo Indians*

*Kashia Round House  
Founded in 1916*

## APPLICATION FOR EMPLOYMENT

**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

EMAIL

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

### 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 VII 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 preceding situations, the Stewarts Point Rancheria is an Equal Opportunity Employer (EOE).

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE TRIBE? \_\_\_\_\_

IF SO, WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_ POSITION? \_\_\_\_\_

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED BY THE TRIBE? \_\_\_\_\_

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION: \_\_\_\_\_

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**EDUCATION**

HIGH SCHOOL/COLLEGE/TECHNICAL, ETC. WITH COMPLETE ADDRESS	GRADUATED YES/NO	DEGREE, DIPLOMA CERT., ETC.	MAJOR

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

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IN WHAT LANGUAGES OTHER THAN ENGLISH CAN, YOU CONVERSE? _____	YES	NO
	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.

### PRESENT EMPLOYER

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

PREVIOUS EMPLOYER

\_\_\_\_\_  
FULL NAME OF COMPANY

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
EMPLOYED-  
FROM/TO

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
NAME & TITLE OF SUPERVISOR

\_\_\_\_\_  
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: \_\_\_\_\_

\_\_\_\_\_

**SKILLS**

WHAT TRAINING, QUALIFICATIONS OR SKILLS DO YOU HAVE THAT PERTAIN TO THE JOB THAT YOU ARE SEEKING?

\_\_\_\_\_

LIST ANY OTHER SKILLS YOU THINK MAY BE OF VALUE TO THE TRIBE:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### MISCELLANEOUS INFORMATION

DO YOU HAVE A VALID DRIVERS LICENSE? \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE CA EXP. DATE \_\_\_\_\_

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### MILITARY SERVICE AND STATUS

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

LENGTH OF ACTIVE DUTY (MONTH/YEAR)

DATE OF ENTRY: \_\_\_\_\_ / \_\_\_\_\_

RANK AT THE TIME OF SEPARATION: \_\_\_\_\_

DATE 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 in 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 to 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 further understand that only the Business Committee of the Tribal Council of Stewarts Point Rancheria has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

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 the Stewarts Point Rancheria is appreciated.