



**Chico Rancheria Housing Corporation
Employment Application**

It is policy and practice as the Tribally Designated Housing Entity and Community Based Development Organization for the Mechoopda Indian Tribe of Chico Rancheria that Chico Rancheria Housing Corporation 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 Chico Rancheria Housing Corporation?

Personal Information

Date

Last Name

First Name

M.I.

Phone Number (xxx) xxx-xxxx

Email address

Street Address

Apartment/Unit

City

State

Zip Code

Have you ever applied to or worked for the Mechoopda Indian Tribe? Yes No

If yes, when?

Do you have relatives working for the Mechoopda Indian Tribe*? 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.

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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? Yes No
(If under 18, hire is subjected to verification that you are of minimum legal age)

Are you an enrolled member/citizen of a Native American Tribe? Yes No
If yes, please attach a copy of enrollment verification (i.e., certificate, Tribal ID card, etc.).

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 not, describe the functions that cannot be performed:

(The Chico Rancheria Housing Corporation 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 authorized the Chico Rancheria Housing Corporation 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 Chico Rancheria Housing Corporation any and all letters, reports and other information related to my work records, without giving my prior notice of such disclosure. In addition, I hereby release the Chico Rancheria Housing Corporation, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demand 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 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 Chico Rancheria Housing Corporation, and that no promises or representation contrary to the foregoing are binding on the Chico Rancheria Housing

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Corporation unless made in writing and signed by me and the Chico Rancheria Housing Corporation'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 4-6 if you are **not** providing a resumé **and** references.

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Education, Training, and Experience

<input type="text"/>	<input type="text"/>	
High School	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Years Completed	Did You Graduate?	Name of Degree or Diploma

<input type="text"/>	<input type="text"/>	
College/University	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Years Completed	Did You Graduate?	Name of Degree or Diploma

<input type="text"/>	<input type="text"/>	
Vocational/Business	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Years Completed	Did You Graduate?	Name of Degree or Diploma

<input type="text"/>	<input type="text"/>	
Additional School	Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Years Completed	Did You Graduate?	Name of Degree or Diploma

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Employment History

Please Provide at least five years of employment history.

Employer 1:

Employer	Street Address		
City	State	Zip Code	Phone Number
Supervisor	Employment Dates: From		To

Brief Description of duties:

Reason for leaving: Okay to contact? Yes No

Employer 2:

Employer	Street Address		
City	State	Zip Code	Phone Number
Supervisor	Employment Dates: From		To

Brief Description of duties:

Reason for leaving: Okay to contact? Yes No

Employer 3:

Employer	Street Address		
City	State	Zip Code	Phone Number
Supervisor	Employment Dates: From		To

Brief Description of duties:

Reason for leaving: Okay to contact? Yes No

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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

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