



MECHOOPDA INDIAN TRIBE OF CHICO RANCHERIA, CALIFORNIA

EMPLOYMENT APPLICATION

Equal Opportunity Employer – It is the policy and practice of the Mechoopda Indian Tribe to give preference in employment to qualified Indian candidates. If qualified Indians are not available and if it is feasible and consistent with efficient performance, employment and training opportunities to Indians 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.

Date Last Name First Name MI

Present Address

No. & Street City State Zip Code

Permanent Address (if different from present address)

No. & Street City State Zip Code

Business Phone Home Phone

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to or worked for the Mechoopda Indian Tribe before? Yes No
If yes, when? _____

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Do you have relatives working for the Mechoopda Indian Tribe? If yes, state name(s) and relationships. Yes No

Name Relationship

Name Relationship

Why are you applying for work with the Mechoopda Indian Tribe?



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If hired, would you have a reliable means of transportation to and from work?..... No Yes

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) No Yes

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? No Yes

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider 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.)

Are you an enrolled member of a Native American Indian Tribe? No Yes

If yes, please attach a copy of your enrollment identification or enrollment certificate.

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ Address _____ City State Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	_____ Name _____ Address _____ City State Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____



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Education, Training, and Experience - continued

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
Vocational/ Business	_____ Name _____ Address _____ City State Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Health Care Training	_____ Name _____ Address _____ City State Zip Code	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____ Name of Employer	_____ Phone Number		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address & Street	_____ City	_____ State	_____ Zip Code
Dates of Employment:	<input type="checkbox"/> Hourly Rate	_____ Starting	_____ Ending
From _____ To _____	<input type="checkbox"/> Annual Salary		

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No



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Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Hourly Rate

Annual Salary

Starting

Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name

Last Name

Phone Number

Address & Street

City

State

Zip Code

Occupation

No. of Years Acquainted

First Name

Last Name

Phone Number

Address & Street

City

State

Zip Code

Occupation

No. of Years Acquainted

First Name

Last Name

Phone Number

Address & Street

City

State

Zip Code

Occupation

No. of Years Acquainted



Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

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 _____ 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 company 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 Company, 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 Company. 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 Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company'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.

Date

Applicant's Signature



Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

Should a search of public records be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53) Any public records request conducted by internal personnel employed by the Company will only be used to the extent allowed by federal, state, or local law.

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

Date

Applicant's Signature



The information requested below is necessary for the specific position for which you are applying. A "yes" answer will not necessarily disqualify you from the position. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No
(Please do not list misdemeanor convictions for marijuana-related offenses that are more than two years old and convictions that have been judicially dismissed or ordered sealed pursuant to law.)

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

Date

Applicant's Signature