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| Inter Tribal Council Of Arizona, Inc.  Employment Application |  |

ITCA is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

**Answer each question fully and factually. Incomplete applications will not be accepted. Use blank paper if you require additional space. Please print legibly throughout and sign the back of the application.**

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| **Position Information** | | | | | | | | | | | | | | | | |
| Position Applying For: | | | | |  | | | | | Date Submitted: | | |  | | | |
| Rate of pay Desired: | | | | $ | | | (Check One)  Per Hour  Per Annum | | | | | | | | | |
| Type of Employment:  Full-Time  Part-Time  Temporary Date available: | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | |
| **Personal Information** | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | |
|  | Last First M.I. Suffix | | | | | | | | | | | | | | | |
| Current Address | | |  | | | | | | | | | | | | | |
|  | | | Street City State Zip Code | | | | | | | | | | | | |  |
| Home Phone: | | ( ) - | | | | | | Cell: | ( ) - | | Message Phone: | | | | ( ) - | |
| E-mail Address: | | |  | | | | | | | | | | | | | |
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| **Education** | | | | | | | | | | | | | | | | |
| **Type/Name of School** | | | | | | **Location**  **(Complete mailing address)** | | | | | | **# of Years Completed** | | | | **List Degree(s) or Certificates** |
| **High School** | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | |  | | | |  |
| **College** | | | | | | | | | | | | | | | | |
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| **Bus. Or Trade School** | | | | | | | | | | | | | | | | |
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| **Professional School** | | | | | | | | | | | | | | | | |
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| **List additional skills, training, and use of software you have related to the job for which you are applying?** | | | | | | | | | | | | | | | | |
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| Employment History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer #1:** | | | | | | Please indicate which: Present Employer  Most Recent Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | |  | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | | |  | | | | | |
| Job Title | | | | |  | | | | | | | | | | | | | | | | | Starting  Salary | | | | $ | | | | | | | | Ending  Salary | | | | $ | | | Per Hour/Annum |
| Responsibilities | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | To | | |  | | | Reason for Leaving | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Employer #2:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | |  | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | | |  | | | | | |
| Job Title | | | | |  | | | | | | | | | | | | | | | | | Starting  Salary | | | | $ | | | | | Ending  Salary | | | | | | | $ | | | Per Hour/Annum |
| Responsibilities | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | To | | |  | | | Reason for Leaving | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Employer #3:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Phone | | | | | | |  | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | | | |  | | | | | |
| Job Title | | | |  | | | | | | | | | | | | | | | | | | Starting  Salary | | | | $ | | | | | Ending  Salary | | | | | | | $ | | | Per Hour/Annum |
| Responsibilities | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | To | |  | | | | Reason for Leaving | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Miscellaneous Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been previously employed by ITCA? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | If yes, please indicate dates of employment. | | | | | | | | | | | | | | | | |
| From: | | |  | | | | | | | | To: |  | | | | | | Position: | | | | | |  | | | | | | | | | | | | | | | | | |
| Indicate name(s) under which you worked for ITCA (if different from current name): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you ever been convicted of a felony? (Exclude minor traffic violations) Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| If yes, provide facts and dates, including any plea: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| (A conviction may not necessarily disqualify an application from employment) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, give details: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been bonded? Yes No | | | | | | | | | | | | | | | | | Have you ever been denied bonding? Yes No | | | | | | | | | | | | | | | | | | | | | | | | |
| If “Yes” denied, explain the circumstances: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any relatives employed with ITCA? Yes No | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| If yes, give name(s) and relationship: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a valid driver’s license? Yes No | | | | | | | | | | | | | | | | | | | *(You will be required to provide a 60-month driving record upon hire)* | | | | | | | | | | | | | | | | | | | | | | |
| Have you had your driver’s license suspended or revoked in the last three years? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your present/previous employer? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Would you submit a drug screening as a condition of employment? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Have you worked or attended school under any other names? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | If yes, what names: | | | | | | | | | |  | | |
| Have you ever been fired from a job or been asked to resign? Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| If yes, please explain: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **References –** List Three Professional References, Do Not List Relatives. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name & Title | | | | | | | | | | | | | | | Company Name | | | | | | | | | | | | | | | | | Phone Number | | | | | | | | | |
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| **List Professional Trade, Business or Civic Organizations and Office(s) Held**  Exclude labor organizations and memberships which reveal sex, religion, national origin, age, disability, genetic information or other protected status. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization | | | | | | | | | | | | | | | | | | | | | | | Offices Held | | | | | | | | | | | | | | | | | | |
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| **List Special Accomplishments, Publications, and Awards**  Exclude labor organizations and memberships which reveal sex, religion, national origin, age, disability, genetic information or other protected status. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **List Any Additional Information You Would Like Us To Consider** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please Read Carefully and Sign Below**  Affidavit, Consent and Release – Read Each Statement Carefully Before Signing | | | |
| I certify that all information provided in this employment application is factual. I understand any false information or omissions may disqualify me from further consideration for employment and/or may result in my dismissal, if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current or past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision and I release such persons and organizations from any legal liability in making such statements.  I understand employment is conditional upon the satisfactory results of a drug screening and a background check upon offer of employment. I hereby consent to a pre-employment drug screen and background check as a condition of employment, and consent to the release of any or all information associated with obtaining the results of such for the purpose of employment.  I understand ITCA is an At-Will employer and this application, verbal statements by other employees, or subsequent employment does not create an express or implied contract of employment, nor does it guarantee employment for any period. I am fully aware that my employment may be terminated at anytime, with or without a reason and with or without notice.  By signing below I acknowledge that I have read, understand and consent to the above statements. | | | |
| Applicant’s Signature: |  | Date: |  |
| Submittal Method: In Person Email First Class Mail | | | |
| This application for employment will remain active only up until the deadline for the position for which it  is submitted. A new application and resume must be submitted for each individual position for which you apply. | | | |