

APPLICATION FOR EMPLOYMENT

*SUCAP IS UNDER THE JURISDICTION OF THE TERO ORDINANCE. PLEASE INDICATE ON THE APPLICATION IF YOU ARE CLAIMING TRIBAL OR INDIAN PREFERENCE AND ENCLOSE COPIES OF YOUR TRIBAL CENSUS CARD OR OTHER SUPPORTING DOCUMENTATION. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.***

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Mailing Address	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
Telephone Number(s)		Email Address:

Best time to contact you at home is:..... _____ am pm

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes No

Have you ever been employed with us before?..... Yes No

If yes, give date: _____ Department and Position: _____

Do any of your friends or relatives work here?..... Yes No

May we contact your present employer?..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
(Proof of citizenship or immigration status will be required upon employment) Yes No

Date available for work _____/_____/_____ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 Shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available _____/_____/_____)

Are you currently in "lay-off" status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of	Course of Study	Number of Years Completed	Diploma/ Degree
High School				
College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities related to the job for which you are applying. Include any job-related training received in the U.S. military.

SPECIAL SKILLS

(PLEASE CHECK OR LIST SKILLS)

_____ Terminal	_____ Spreadsheet	Computer Programs (list)	Other (list)
_____ PC/MAC	_____ Word Processing	_____	_____
_____ Typewriter WPM _____	_____ Shorthand WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE READ A COPY OF THE JOB DESCRIPTION OR OTHERWISE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you are applying? _____ Yes _____ No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related or military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address City State				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address City State				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address City State				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address City State				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address City State				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

WORK REFERENCES – PERSONAL REFERENCES WILL NOT BE CONSIDERED.

1. (Name)	(Phone Number)
(Address)	
2. (Name)	(Phone Number)
(Address)	
3. (Name)	(Phone Number)
(Address)	

EMPLOYMENT AT WILL POLICY

It is the policy of the SUCAP organization that all employees who do not have a separate, individual employment contract with the organization for a specific, fixed term of employment are employed at the will of SUCAP for an indefinite period of time.

I UNDERSTAND...

I may resign from SUCAP at any time, for any reason, and that I may be terminated by SUCAP at any time, for any reason, and with or without notice.

Initial: _____ Date: _____

PLEASE INDICATE ONE OF THE FOLLOWING:

- _____ Southern Ute Tribal Member _____ Census #
- _____ Other Native American married to Southern Ute Tribal Member _____ Spouse Census #
- _____ Other local Native American _____ Tribal Affiliation and Census #
- _____ Other _____

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

This application for employment will be kept on file for a minimum of 45 days. I understand that if I wish to be considered for employment in any position other than what I am currently applying for, I must contact the SUCAP office and make my request.

Signature of Applicant

Date