

Position Applying for: \_\_\_\_\_

Date: \_\_\_\_\_

## Greenville Rancheria Employment Application

**Notice to Applicant:** The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a national criminal record check will be conducted as a condition of employment. For the purposes of employment **all positions** must pass the highest criteria set forth by the laws.

<b>1. Full Name</b>					
Last Name	First Name	Middle Name	Jr., II, etc.		
<b>2. How did you learn about the position</b>			<b>Valid Driver's License</b>		
			Yes ___ No _____		
<b>5.</b>			<b>Available for Work</b>		
ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>			Full-Time _____		
IF NO, CAN YOU FURNISH PROOF OF ELIGIBILITY TO WORK IN THIS COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/>			Part-Time _____		
ARE YOU NATIVE AMERICAN? YES <input type="checkbox"/> NO <input type="checkbox"/>			Temporary _____		
IF YES, PLEASE PROVIDE COPY OF THE TRIBAL ENROLLMENT OR BLOOD CERTIFICATE AS AN ATTACHMENT, INDIAN PREFERENCE APPLIES TO ALL POSITIONS UNDER TITLE 25, SECTION 472 AND 473					
<b>7. Your Telephone No.</b>		<b>8. Email address</b>			
( )					
<b>9. Residence</b> – List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list.					
Month/Year	Month/Year	Street Address	City	State	Zip code
1)	To Present				
Month/Year	Month/Year	Street Address	City	State	Zip code
2)	To				
Month/Year	Month/Year	Street Address	City	State	Zip code
3)	To				
Month/Year	Month/Year	Street Address	City	State	Zip code
4)	To				
<b>10. Residence/Employment in Tribal Community</b> – List any Tribal communities in which you have lived or worked in the last 5 years.					
<b>11. Education</b> – List the schools you have attended, beginning with the most recent and working back 5 years. Use item 22, if more space is needed.					
Month/Year	Month/Year	Name of School	Degree/Diploma/Other	Awarded	
	To			Yes	No
Street Address and City of School				State	Zip Code
NOTES:					

**12. Employment** - List your employment activities, beginning with the present and working back 5 years. The 5-year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school."

Month/Year	Month/Year	Employer Name	Position Title		
1)	To Present				
Employer Street Address			City	State	Zip Code
Supervisor's Name		Telephone number	Other Employer Reference		Telephone Number
Reason you left					

**Employment Cont.**

Month/Year	Month/Year	Employer Name	Position Title		
3)	To				
Employer Street Address			City	State	Zip Code
Supervisor's Name		Telephone number ( )	Other Employer Reference		Telephone Number ( )
Reason you left					

**Employment Cont.**

Month/Year	Month/Year	Employer Name	Position Title		
4)	To				
Employer Street Address			City	State	Zip Code
Supervisor's Name		Telephone number ( )	Other Employer Reference		Telephone Number ( )
Reason you left					

**Employment Cont.**

Month/Year	Month/Year	Employer Name	Position Title		
5)	To				
Employer Street Address			City	State	Zip Code
Supervisor's Name		Telephone number ( )	Other Employer Reference		Telephone Number ( )
Reason you left					

Application continuation				
Last Name	First Name	Middle Initial	Jr., II, etc.	
13. <b>Personal References</b> – List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Try not to list relatives or anyone who is listed elsewhere else on this application.				
1) Name		Dates Known Month/Year      Month/Year To		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night (    )
Home or Work Address		City	State	Zip Code
2) Name		Dates Known Month/Year      Month/Year To		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night (    )
Home or Work Address		City	State	Zip Code
3) Name		Dates Known Month/Year      Month/Year To		Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night (    )
Home or Work Address		City	State	Zip Code

<b>Background Information</b> – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.		
14. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?  If “YES”, use item 18 to provide <b>the date</b> , an explanation of the problem, reason for leaving, and the employer’s name and address.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Have you <b>ever</b> been arrested for or charged with a crime involving a child?  If “YES”, use item 18 to provide <b>the date</b> , explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.  REQUIRED BY PL 101-647	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Have you <b>ever</b> been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?  If “YES,” use item 18 to provide <b>the date</b> , explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.  REQUIRED BY 25 CFR 63.15	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. Have you <b>ever</b> been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?  If “YES,” use item 18 to provide <b>the date</b> , explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.  REQUIRED BY 25 CFR 63.15	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Application continuation**

Last Name	First Name	Middle Initial	Jr., II, etc.	
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18. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.

**Certification that My Answers are True**

My statements on this questionnaire, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this questionnaire or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.

\_\_\_\_\_

Applicant's initials      Date

I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the **Greenville Rancheria** and my rights to challenge the accuracy and completeness of any information contained in the report.

_____	_____	_____
Applicant's Signature	Printed Name	Date