

APPLICATION FOR EMPLOYMENT FEDERATED INDIANS of GRATON RANCHERIA

6400 Redwood Drive, Suite 300, Rohnert Park, CA 94928

jobs@gratonrancheria.com

Personal Information			Date:			
Name:			Email Address:			
Street Address:						
City, State, Zip:			U.S. Citizen? Yes ___ No ___ If no, are you legally eligible to work in the U.S.? Yes ___ No ___			
Home Phone:		Business Phone:		Cell Phone:		
Do you have a valid state driver's license? Yes ___ No ___			Do you have a proof of vehicle insurance? Yes ___ No ___			
Have you been convicted of a crime involving a child, violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons? Yes ___ No ___						
Have you been convicted of any other crime? Yes ___ No ___ If yes, specify:						
Position Applying For:						
How did you hear about this job opening?				Acceptable salary range:		
If referred, please provide name of person who referred you:				Date you are available to start:		
Have you ever been employed by FIGR? Yes ___ No ___ If so, state your job title _____ and dates of employment from (mm/yy) _____ to (mm/yy) _____.						
Are you related to anyone currently employed at FIGR? Yes ___ No ___ If so, to whom? _____ What is your relationship? _____						
Are you presently employed? Yes ___ No ___ If so, may we contact your present employer? Yes ___ No ___						
Education						
	Name of School	Location City and State	Diploma/ Degree	Major or Concentration	Graduated?	If you did not graduate, enter total units completed
High School Or GED					Yes ___ No ___	
Vocational Training					Yes ___ No ___	
College / University					Yes ___ No ___	
College / University					Yes ___ No ___	
Graduate School					Yes ___ No ___	
Other relevant courses or seminars completed:						

Skills

Please refer to the Job Announcement and tell us how you qualify for this job. Also include any foreign language skills here.

Program	Level of Proficiency			Program/Skills	Level of Proficiency		
Microsoft Word	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	Microsoft Outlook	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft Excel	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	Internet Research	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft PowerPoint	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	Other: _____	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft Access	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	Other: _____	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Microsoft Publisher	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	Other: _____	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Employment History

Please provide information for the last 12 years of employment. Be sure to include dates of employment (month and year) and a short description of job duties. NOTE: Stating "See Attached Resume" is not acceptable. Please attach additional page if necessary.

Employer Name & Address & Phone Number:		Supervisor Name & Title:	
Your Job Title:		Salary: \$	Full-time ____ Part-time ____
From: (mm/yr) To: (mm/yr)		Duties:	
Reason for Leaving:			
Employer Name & Address & Phone Number:		Supervisor Name & Title:	
Your Job Title:		Salary: \$	Full-time ____ Part-time ____
From: (mm/yr) To: (mm/yr)		Duties:	
Reason for Leaving:			
Employer Name & Address & Phone Number:		Supervisor Name & Title:	
Your Job Title:		Salary: \$	Full-time ____ Part-time ____
From: (mm/yr) To: (mm/yr)		Duties:	
Reason for Leaving:			

Employer Name & Address & Phone Number:	Supervisor Name & Title:	
Your Job Title:	Salary: \$	Full-time ___ Part-time ___
From: (mm/yr) To: (mm/yr)	Duties:	
Reason for Leaving:		

Employer Name & Address & Phone Number:	Supervisor Name & Title:	
Your Job Title:	Salary: \$	Full-time ___ Part-time ___
From: (mm/yr) To: (mm/yr)	Duties:	
Reason for Leaving:		

Work References

List three persons not related to you and who have a definite knowledge of your skills and qualifications as related to the position for which you are applying. **At least one of them must be a current or former supervisor. If you are applying for a supervisory position: One reference must be a superior, one must be a peer and one must be a subordinate who reported to you.**
NOTE: Only work references will be accepted.

NAME	OCCUPATION & RELATIONSHIP TO YOU	PHONE NUMBER, FAX NUMBER & EMAIL ADDRESS
1.		
2.		
3.		

Indian Preference – If claiming Indian Preference, proof of enrollment must be attached to this application.

Are you enrolled in a Federally recognized Tribe? Yes ___ No ___	Name of Federally recognized Tribe:	Enrollment Number: (Required)
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Please Read the Following Carefully Before Signing This Application

The Federated Indians of Graton Rancheria does not discriminate on the basis of race, sex, age, color, religion, marital status, sexual orientation, national origin, disability or veteran status. However, Native American preference applies. Interviews are given on a competitive basis, using job-related factors.

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application.

I understand that any misrepresentation or material omission of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to the Federated Indians of Graton Rancheria may result in immediate termination.

I authorize all previous employers/supervisors, including persons with and for whom I have worked, to give the Federated Indians of Graton Rancheria representative any and all information regarding my previous employment.

I release the Federated Indians of Graton Rancheria and all previous employers/supervisors from liability for any damages that may result from furnishing information to the Federated Indians of Graton Rancheria.

I understand that, if selected, I will be required to provide proof of identity and legal right to work in the United States prior to actual employment with the Federated Indians of Graton Rancheria. In consideration of my employment, I agree to conform to the FIGR Personnel Policies and Procedures.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Tribe is of an "at-will" nature, which means that the Employee may resign at any time with our without notice and the Employer may discharge Employee at any time with or without cause and with or without notice.

I understand that I may be required to undergo a post offer, pre-employment drug screening and criminal background check as conditions of employment. I understand that failure to submit to such testing, or a positive result, may result in my not being hired, or may, once I am hired, subject me to disciplinary action up to an including termination.

Signature of Applicant: _____

Date: _____