



## EMPLOYMENT APPLICATION

### Bishop Paiute Tribe

50 Tu Su Lane • Bishop, CA 93514  
Telephone: (760) 873-3584 • Fax: (760) 873-4143

Date: \_\_\_\_\_ Phone Number: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and Street/P.O. Box City State Zip Code

Current Driver's Lic. #: \_\_\_\_\_ State Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Are you a member of the Bishop Paiute Tribe?  Yes  No

Are you the spouse of a Bishop Paiute Tribal member?  Yes  No

Are you a member of another (*check one*):  federally recognized or  non-federally recognized Indian tribe or band?  Yes  No If yes, give name of tribal affiliation and roll number (provide proof of enrollment)

Do you serve on the Bishop Indian Tribal Council or any elected or appointed board/committee of the Tribe, another Tribe's Council or the Owens Valley Board of Trustees?  Yes  No

If yes, Explain: \_\_\_\_\_

Are you a U.S. citizen or an alien authorized to work in the United States?  Yes  No

\*Have you been convicted of a misdemeanor with in the last 7 year?  Yes  No If Yes, please explain \_\_\_\_\_

\*Have you been convicted of a felony?  Yes  No If Yes, please explain \_\_\_\_\_

\*Have you been issued any moving/traffic violations with in the last 5 years?  Yes  No If Yes, please explain \_\_\_\_\_

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date you can start \_\_\_\_\_ Where did you hear about this position: \_\_\_\_\_

Are you employed now?  Yes  No May we inquire of your present employer?  Yes  No

Have you ever worked for the Bishop Paiute Tribe before?  Yes  No When? \_\_\_\_\_

Do you have any physical limitations that prevent you from fully performing any work for which you are being considered?  
 Yes  No If yes, please describe what can be done to accommodate your limitations?  
\_\_\_\_\_  
\_\_\_\_\_

\*Answering yes to these questions does not constitute an automatic rejection to employment.

**EDUCATION**

Education	Name and Location of School	Subjects Studied	Diploma/Certificate/Degree Earned
High School			
College or University			
Graduate/Professional			
Trade, Business, or Correspondence School			

**EMPLOYMENT EXPERIENCE** Please note: List work experience and/or any volunteer activities as it relates to this position. **DO NOT WRITE IN "REFER TO RESUME" or "SEE RESUME," etc.** Resumes may be attached.

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

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Work Performed: \_\_\_\_\_

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Immediate Supervisor and Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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IF ADDITIONAL SPACE IS NEEDED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.





## NOTICE AND AUTHORIZATION FOR MOTOR VEHICLE REPORT

The undersigned understands that, in connection with my employment or contract work as a driver or vehicle registered to **BISHOP PAIUTE TRIBE**. R. David Bulen Insurance may request a **MOTOR VEHICLE REPORT** from a consumer reporting agency concerning my motor vehicle operational history, which may include possible criminal history. I understand that a **MOTOR VEHICLE REPORT** may be obtained for employment purposes, as defined under comparable state law. Specifically, the information from my **MOTOR VEHICLE REPORT** may be used for the purpose of obtaining automobile insurance for BISHOP PAIUTE TRIBE. This information is necessary to acquire insurance quotes and coverage. The information in this report may also affect my ability to be a driver of a vehicle owned by BISHOP PAIUTE TRIBE. I voluntarily and knowingly authorize the release of all the information requested by R. David Bulen Insurance.

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

Name: \_\_\_\_\_  
Print Name as it Appears on License

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

Signature: \_\_\_\_\_