



EMPLOYMENT APPLICATION

DATE STAMP

Bishop Paiute Tribe
50 Tu Su Lane • Bishop, CA 93514
Telephone: (760) 873-3584 • Fax: (760) 872-1897

Date: _____ Phone Number: Home _____ Cell: _____

Name: _____
Last First Middle

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

Email: _____ Do you possess a current Driver's License: Yes No

Current Driver's License #: _____ State Issue: _____ Exp. Date: _____

Are you a member of the Bishop Paiute Tribe? Yes No Enrollment #: 549-_____ (Attach copy)

Are you the spouse of a Bishop Paiute Tribal member? Yes No Spouse's Name: _____

Are you currently on the TERO List: 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

Are you a U.S. Veteran: Yes No (If yes, attach proof of Military Service)

*Have you been convicted of a misdemeanor within the last 10 years? 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 If Yes; Dates: _____

Position Held: _____ Reason for Leaving: _____

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?

*If the questions are not checked; the application will be considered incomplete. *Answering "Yes" to questions with a * does not necessarily mean you will not be hired.*

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 Note: Starting with the most current employment, please list work experience and/or any volunteer activities as it relates to this position.

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: _____

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: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorized investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated in accordance with Bishop Paiute Tribal policies and procedures.

SIGNATURE: _____ DATE: _____

This form has been designed to comply with the Bishop Paiute Tribe's and equal employment opportunity Policy and is subject to the Indian Preference Act and the Tribal Employment Rights Ordinance (TERO). Employment decisions are based on merit, the Tribal Employment Rights Ordinance and Council needs. Native American preference applies pursuant to the prevailing Bishop Tribal Employment Rights Ordinance, The Tribal Self-Determination and Education Assistance Act. (24 U.S.C. 450, et seq.), 25 CFR 271.44, and other relevant laws and program requirements.

The Bishop Paiute Tribe will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person's physical or mental disability. The Bishop Paiute Tribe will also make reasonable accommodation wherever necessary for all employee or applicants with disabilities, provided that the individual is otherwise qualified to safely perform the essential duties and assignments connected with the job and provided that any accommodations made do not impose an undue hardship on the Bishop Paiute Tribe.



The following is for identification purposes only to perform the background check and will not be used for any other purposes.

<i>Applicant's Name</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
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<i>Other Name(s) Used</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Dates You Stopped Using Other Name(s)</i>
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<i>Current Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Previous Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Previous Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Social Security Number</i>	<i>Date of Birth</i>	<i>Driver's License Number</i>	<i>State Issued</i>
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<i>Signature</i>	<i>Today's Date</i>
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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: _____