



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: _____

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: _____

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

COMMENTS: Include explanation for any gaps in employment: _____

ADDITIONAL INFORMATION: Describe any specialized training, skill, licenses, professional registration/recognition, and extracurricular activities, including service organizations, volunteer participation that is relevant to the position you are applying for: _____

REFERENCES: List names of three people not related to you whom you have known at least one year.

Name	Business or Title	Address & Phone No.	Years Acquainted

In case of emergency notify: _____ () _____
Name/Relationship Address Phone Number

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.

PACIFIC AG INSURANCE

1715 N. 11TH AVE.
HANFORD, CA. 93230
PHONE 559-584-3391
FAX 559-584-6262

DMV Motor Vehicle Report PULL PERMISSION

(PLEASE PRINT)

I _____ authorize Pacific Ag Ins. Agency, Inc. and/or its employee and agents to run a background check of my driving record through the Department of Motor Vehicles.

*****IMPORTANT - ***NAME AS IT IS WRITTEN ON DRIVERS LICENSE*****

(PLEASE PRINT)

NAME: _____

DATE: _____

DRIVERS LICENSE # : _____

LICENSE STATE : _____

BIRTH DATE : _____

NAME OF COMPANY: _____

EMPLOYEE POSITION: _____

EMPLOYEE SIGNATURE: _____



DISCLOSURE REGARDING BACKGROUND CHECK INVESTIGATION

The “Company” may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, driving record, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Compu-FACT Research, Inc. 1236 Jungermann Rd., Ste H1, St. Peters, MO 63376, (888) 258-0216**, or another outside organization. The scope of this disclosure and authorization is all-encompassing, however, allowing Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I’m hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested, by **Compu-FACT Research, Inc.** or another outside organization. I agree that a facsimile (“fax”), electronic or photocopy of this Authorization shall be as valid as the original.

New York & Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Minnesota or Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of any consumer report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under state law.

California applicants or employees only: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by **Compu-Fact** during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at **Compu-Fact’s** offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. **Compu-Fact** has trained personnel available to explain your file to you, including any coded information. If you appear in person you may be accompanied by one other person, provided that person furnishes proper identification.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.



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

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

Today's Date