

Picayune Rancheria of The Chukchansi Indians

49260 Chapel Hill Dr. Oakhurst CA,93644 (559)412-5590

Employment Application

		Арр	licant	Informa	ation				
Full Name:		· ·				D	nto:		
ruii Naiiie	Full Name:		:	Date: M.I.			ate:		
A 11									
Address:						Apartment/Unit #			
	City					State	ZIP Code		
Phone:				Email					
Date Availal	ble:			_ Desired	d Salary	7: <u>\$</u>			
Are you a c	itizen of the United States?	YES	NO	If no, a	ıre you	authorized to work	YES NO in the U.S.?		
Have you ever worked for this company?			NO	If yes, when?					
	rity No.:					nd Use Only)			
Date of Birth:									
Driver Lice	ense rumber.				Sta	ite			
			Edu	ication					
High Schoo	1:	A	ddress	<u> </u>					
From:	То:	Oid you grad	duate?	YES	NO	Diploma:			
College/Vo	cational:								
Address:									
From:	То:	Oid you grad	duate?	YES	NO	Degree/Certifica	te:		

List any special accomplishments, awards and license.							
	Refe	rences					
=	rofessional references.						
Full Name:		R	Relationship:				
				Phone:			
Address:							
Full Name:			R	elationship:			
Company:				Phone:			
Address:							
Full Name:							
Company:				Phone:			
Address:							
	Previous I	Employme	nt				
Current				Phone:			
Address:				Supervisor:			
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:\$			
Responsibilities:							
From:		Reason for	Leaving:_				
May we contact you	r previous supervisor for a reference?	YES	NO				
				Phone:Supervisor:			
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary:			
Responsibilities:							
From:	To:	Reason for	Leaving:_				
May we contact you	r previous supervisor for a reference?	YES	NO				

Company:					Phone:	
Address:					Supervisor:	
Job Title:		Starting S	alary: <u>\$</u>		Ending Salary	:\$
Responsibilities:						
From:	To:		Reason for	Leaving:		
May we contact your prev	vious supervisor for	r a reference?	YES	NO		
		Native A	ffiliation			
Tribe:						
Enrollment number:						
		D: 1:	16:			
		Disclaimer a				
It is understood and agree cancellation of this applic						
I give Picayune Rancheria related. I hereby release f other persons, corporation	rom liability Picay	une Rancheria	and its repre	esentative f		
I understand that just as the right to terminate my that no representative of	employment at a	ny time, with o	r without ca	auses and	without prior noti	ice. I understand
I understand it is this Pica because of this person's						disability
PRIVACY STATEMENT whether you meet the entre confusion of an item may	rance requirements	for the position	. Providing	this inform	nation is voluntary	
NATIVE AMERICAN Pl preference in filling all va						1(b) and 703(j),
CERTIFICATION OF All complete. I agree and und from the hiring process are background check on info subject to pre-employment employee's time with the understand that my position	erstand that any mend termination if disormation I provided at drug screening are organization. I rele	isstatement or e sclosure comes d. I understand the nd random scree ease all sources	xclusion of after hiring. hat all positionings are refrom liabilit	material fa The tribe ions within equested by	acts may result in e authorized to cond the Tribal organia management du	elimination luct a zation are iring
Signature:					Date:	