



Kaibab Band of Paiute Indians Applicant Procedures

Please follow the guidelines listed below when filling out your application:

- 1. Complete the Application for Employment in its entirety, providing detailed and accurate information; include area codes with phone numbers, city, state zip codes with addresses, particularly on the Employment History section. Incomplete applications will not be considered.**
- 2. Indian Preference will be given if an attached copy of your tribal document or ID card demonstrating proof of eligibility.**
- 3. Return the completed application and the following: education requirement verifications, copy of driver's license and 36 month driving record, and two completed fingerprint cards (available at the Human Resource Office) to the Tribal Affairs Building located at 1 North Pipe Spring Road and HWY 389. Applications and verifications will be accepted by mail: HC 65 Box 2, Fredonia, AZ 86022.**
- 4. Any offer of employment will be contingent upon the satisfactory completion of a drug test and background check.**



Kaibab Band of Paiute Indians
HC 65 Box 2, Fredonia, AZ 86022
(928)643-7245

Application for Employment

POSITION(S) APPLYING FOR:

LAST NAME

FIRST NAME

MI

MAILING ADDRESS

CITY

STATE

ZIP

HOME PHONE

() -

MOBIL PHONE

() -

E-MAIL ADDRESS

CONDITIONS OF EMPLOYMENT: Indicate the types of employment you **WILL** accept.

- | | |
|---|--|
| ☐ FULL-TIME EMPLOYMENT | ☐ LIMITED SERVICE (USUALLY GRANT FUNDED) |
| ☐ PART-TIME EMPLOYMENT | ☐ SEASONAL /INTERMITTENT (WORK THROUGHOUT THE YEAR) |
| ☐ SUMMER EMPLOYMENT | ☐ TEMPORARY (USUALLY LESS THAN 120 DAYS) |

HOW DID YOU LEARN ABOUT THIS POSITION?

EDUCATION:

HIGH SCHOOL:

DID YOU GRADUATE?

YES ☐ NO ☐

LOCATION:

IF NO, DO YOU HAVE A GED?

YES ☐ NO ☐

COLLEGE OR SCHOOL:

FROM:

TO:

DID YOU GRADUATE?

YES ☐ NO ☐

LOCATION:

TYPE OF DEGREE OR DIPLOMA:

COLLEGE OR SCHOOL:

FROM:

TO:

DID YOU GRADUATE?

YES ☐ NO ☐

LOCATION:

Type of Degree or Diploma:

SPECIAL QUALIFICATIONS:

LICENSING:

EMPLOYMENT HISTORY: List your work history beginning with your present job for the last ten years.

EMPLOYER:	FROM:	TO:	HRS/WEEK:	JOB TITLE:
ADDRESS:	PHONE:	DUTIES:		
STARTING WAGE	ENDING WAGE	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐		
REASON FOR LEAVING				

EMPLOYER:	FROM:	TO:	HRS/WEEK:	JOB TITLE:
ADDRESS:	PHONE:	DUTIES:		
STARTING WAGE	ENDING WAGE	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐		
REASON FOR LEAVING				

EMPLOYER:	FROM:	TO:	HRS/WEEK:	JOB TITLE:
ADDRESS:	PHONE:	DUTIES:		
STARTING WAGE	ENDING WAGE	MAY WE CONTACT THIS EMPLOYER? YES ☐ NO ☐		
REASON FOR LEAVING				

Please attach resume, and additional work history statements if needed.

I CERTIFY THAT I AM A U.S. CITIZEN, PERMANENT RESIDENT OR A FOREIGN NATIONAL WITH AUTHORIZATION TO WORK IN THE UNITED STATES.	YES ☐	NO ☐
ARE YOU AN ENROLLED MEMBER OF A FEDERALLY RECOGNIZED TRIBE?	YES ☐	NO ☐
TRIBE: _____ ENROLLMENT NUMBER: _____	YES ☐	NO ☐
HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A PLEA OF GUILTY, NO CONTEST, OR HAD A WITHHELD JUDGMENT TO A FELONY OR MISDEMEANOR (OTHER THAN MINOR TRAFFIC VIOLATIONS)?	YES ☐	NO ☐
NOTE: A "YES" ANSWER TO THESE QUESTIONS WILL NOT AUTOMATICALLY BAR YOU FROM EMPLOYMENT. THE NATURE, JOB-RELATEDNESS, SEVERITY AND DATE OF THE OFFENSE IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING ARE CONSIDERED.		
IF YES PLEASE EXPLAIN (Attach another sheet if necessary).		
ARE YOU EIGHTEEN YEARS OF AGE OR OLDER?	YES ☐ NO ☐	
ARE YOU RELATED TO ANY CURRENT KAIBAB PAIUTE TRIBE EMPLOYEE?	YES ☐ NO ☐	
IF YES, WHO AND IN WHAT DEPARTMENT?		

I certify that answers given herein are true and complete to the best of my knowledge. I understand this application is not intended to be a contract of employment. Furthermore, I understand that just as I am free to resign at any time, the Kaibab Band of Paiute Indians reserves the right to terminate my employment at any time, with or without prior notice. In the event that I am employed by the Kaibab Band of Paiute Indians, I understand that if I make any false statements, misrepresentations, or omissions in this application process I may be discharged at any time during my employment and I agree to hold Kaibab Band of Paiute Indians or any person named herein harmless in that event.

PROFESSIONAL REFERENCE:	DATES KNOWN FROM: TO:	JOB TITLE:	
ADDRESS:			PHONE:

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ADDRESS:			PHONE:

PROFESSIONAL REFERENCE:	DATES KNOWN FROM: TO:	JOB TITLE:	
ADDRESS:			PHONE:

Authorization to Release Information

Having made application for a position with the Kaibab Band of Paiute Indians, I wish them to be informed as to my previous record and character, to determine my qualifications and suitability for the position. For this specific purpose, I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of the Kaibab Band of Paiute Indians, upon presentation of this waiver, or a photocopy of this waiver, whether in person, by mail, fax, or other method of conveyance.

This release is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original of my signature.

Examples of types of information I am requesting that you provide include, but are not limited to: dates of employment, rate of pay, job title, dependability, honesty, attitude towards the job, interactions with fellow employees, and reason for leaving, education records, and/or other such information you may have concerning my qualifications and suitability. I hereby release you as the custodian of such record, and any law enforcement agency, criminal justice agency, school, college, university, or other educational institution, including officers, agents, employees, related personnel, both individually and collectively, from any and all liability for damage for whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature	Date
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