



Native Americans for Community Action, Inc

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Employer exercises Indian preference in accordance with the Indian Preference Act (Title 25, US Code, Sections 44-46, 472 and 272). If you wish to exercise Indian Preference and you are a registered member of a federally or state recognized tribe, attach copy of tribal Certificate of Indian Blood (CIB).

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
Advertisement Employment	Friend Relative
Inquiry Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	E-mail	Social Security Number (voluntary)

Best time to contact you at home is: _____ : _____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends, relatives or spouse work here? Yes No
If yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof citizenship or immigration status will be required upon employment.

Date available for work ____ / ____ / ____ What is your desired salary range?

Are you available to work: Full Time (Please indicate 1 2 3 shift)
Part Time (Please indicate Mornings Afternoon Evenings)
Temporary (Please indicate dates available ____ / ____ - ____ / ____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a DUI? Yes No

EDUCATION

School	Name and Address of School	Course of Study	No. Of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other(Specify)				

WORK EXPERIENCE

Start with your present or last job.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving	May We Contact		Yes No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving	May We Contact		Yes No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving	May We Contact		Yes No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving	May We Contact		Yes No

Comments: Include explanation of any gaps in employment.

CERTIFICATION

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at later date.

I authorize person, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature _____

Date _____