

La Jolla Band of Luiseno Indians 22000 Hwy 76 - Pauma Valley, CA 92061 Phone 1-760-742-3771 Fax 1-760-742-1704

Application for Employment (Standard Form 1)

We are an equal opportunity employer and consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, the presence of a non-job-related medical condition or handicap, or any other legally protected status. Indian Preference in employment will be an integral part of the selection process for all available positions (PPP; section 100.05)

Personal Information									
Name (Last, First, M.I.)				Date of Application					
Mailing Address				Physical Address if mailing is P.O. Box					
City, State, Zip Code				Phone No. (Specify if this is your home, cell, or other)					
Social Security No. XXX-XX				Are you enrolled in a Federally recognized Tribe? Y_ N_ If yes, what Tribe?					
Employment Desired									
Position Applying For	Date you can start?				Are you available to work: Full Time Temp or Part Time Shift Work				
Can you travel if job requires it? Y N	Have you been employed with before? Y_ N_			h us	If yes, when and what position?				
Are you presently employed? Y N	Are you currently on "lay-off" and subject to recall? Y 1				May we contact your present employer? Y N				
Are you 18 years of age or older? Y_ N_ (If under18 you must provide Proof of Eligibility to Work for job consideration) How did you hear about this position? (Please Specify)				I certify that I am a U.S. citizen, permanent resident, or a foreign national with legal authorization to work in the United States. Y N Did you previously submit a resume for consideration of this position? Y N If so, please attach a copy					
Education/Formal Training									
Name & Location of School	Years Attended	Did You Graduate? Y/N		;	Diploma/Certificate				
High School									
College									
Other Course of Study									
Have you ever been convicted of a felony? If "Yes" describe:	Y N								
Are there other legal issues that could affect your job performance that you would like to discuss with the HR officer? Y N									
Do you presently hold a valid Driver's Licer	nse? Y	_ N (I	f yes, p	lease attach	a copy of your current driver's lic	cens)			
State:									

General Qualif					41.0					
	n in which you are ap te that will enhance y				ualifications you've a	acquired through	employment, volunteer work, or			
Specialized Ski	ill									
	quipment Operated									
MS I	Excel	CPR C	Certified		Bilingual		Other (List):			
					_	l Tasinina				
	WordSecurity Guard Trainin				ngMechanical Training					
MS I	PowerPoint _	Custo	mer Service T	raining _	Safety Trai	ning				
Former Emplo	oyers (List below last	st four employe	rs, starting wi	th last employe	er)	<u> </u>				
Date	Name and Address			Salary	Position		Reason For Leaving			
Month/Year From:				-						
TOIII.										
Го:										
From:										
То:										
From:										
To										
To: From:										
То:										
Doforonoos (Ci	ive below the names	of three person	not related	to vou who vo	ou have known at leas	st one veer)				
Kelefelices (OI	Name	of timee person	s not related	Addre		st one year)	Phone Number			
Applicants Sta		ra true and com	plata to the be	et of my know	ladga I suthoriza in	vestigation of all	statements contained in this			
							ered active for a period of time			
not to exceed 45	5 days. (Any applica	nt wishing to be	considered fo	or employment	beyond this time per	riod should inquir	re as to whether or not any			
							ng information given in my			
	nterview(s) be later of gulations, policies and					am required as a	condition of employment to			
acrae by an reg	andions, poneies and	. procedures or	are La Jona L	und of Luisell	maiano.					
Signature of Applicant						Date				
========	-==========	========	========	========	=======================================		=======================================			
			Huma	n Resources (Office Use Only:					
Intorviore	Scheduled: Y_N_/	Date	Racuma Cub-	nitted V N	Hired: Y_N_/I	ate of Employee	ent HR Initial:			
THICH VIEW	beneutited. I_N_/	Datc	resume Subi		III cu. I_N_/L	and or Employin	ont IIX IIIIuai			