



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. <b>XXX-XX-</b> _____	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 us before? Y__ N__	If yes, when and what position?
Are you presently employed? Y__ N__	Are you currently on "lay-off" status and subject to recall? Y__ N__	May we contact your present employer? Y__ N__

Are you 18 years of age or older? Y__ N__ <i>(If under 18 you must provide <u>Proof of Eligibility to Work</u> for job consideration)</i>	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__
How did you hear about this position? (Please Specify)	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	Subjects Studied	Diploma/Certificate
High School				
College				
Other Course of Study				

Have you ever been convicted of a felony? Y__ N__ If "Yes" describe: _____
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 License? Y__ N__ <i>(If yes, please attach a copy of your current driver's license)</i>
State: _____ Number: _____ Expiration: _____

**General Qualifications**

For the position in which you are applying: Summarize job-related skills and qualifications you've acquired through employment, volunteer work, or other experience that will enhance your job performance in this position.

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**Specialized Skill**

Check Skills/Equipment Operated

<input type="checkbox"/> MS Excel	<input type="checkbox"/> CPR Certified	<input type="checkbox"/> Bilingual	Other (List): _____
<input type="checkbox"/> MS Word	<input type="checkbox"/> Security Guard Training	<input type="checkbox"/> Mechanical Training	_____
<input type="checkbox"/> MS PowerPoint	<input type="checkbox"/> Customer Service Training	<input type="checkbox"/> Safety Training	_____

**Former Employers** (List below last four employers, starting with last employer)

Date Month/Year	Name and Address	Salary	Position	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**References** (Give below the names of three persons **not related to you**, who you have known at least one year)

Name	Address	Phone Number

**Applicants Statement:**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for the sole purpose of determining an employment decision. I understand this application shall be considered active for a period of time not to exceed 45 days. (Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not any applications are being accepted.) In the event I am given employment, I understand that should any false or misleading information given in my application or interview(s) be later discovered, it may result in termination. I also understand that I am required as a condition of employment to abide by all regulations, policies and procedures of the La Jolla Band of Luiseno Indians.

Signature of Applicant

Date

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**Human Resources Office Use Only:**

**Interview Scheduled:** Y\_N\_ / Date \_\_\_\_\_ **Resume Submitted:** Y\_N\_ **Hired:** Y\_N\_ / Date of Employment \_\_\_\_\_ **HR Initial:** \_\_\_\_\_