WORK EXPERIENCE TRAINING APPLICATION

Name:			Date:
Address: (include city, state and zip code)			E-Mail:
Position applied for:	Telephone/Message:		Social Security Number: (last 4 digits)

Veteran of U.S. military?

YES: ☐ ☐	Branch:	Date of Entry:	Date of Discharge:

Have you ever been convicted of any crime other than minor traffic violations?

YES: ☐ ☐	If yes, please explain:

Are you currently under doctor's care or on any medication?

YES: ☐ ☐	If yes, please explain:

In what Tribe are you enrolled?	For positions requiring driving, do you have a valid driver's license?	
	YES: ☐ ☐	Driver License #:

Are you related to anyone employed with this agency?

YES: ☐ ☐	If yes, please provide name:	Relation:

SKILLS

COMPUTER SOFTWARE:			
TYPING: words per minute	Ten Key: strokes per minute (touch/sight)	Telephone: number of lines:	
Type of Filing:	Accounting:	Fax:	Copier:

Please list **other skills and equipment** used: (relative to the position applying for)

Please indicate other Language(s):

1)	Speak ☐ ☐ ☐	2)	Speak ☐ ☐ ☐

REFERENCES: Please list three references we may contact. Do not list family members or relatives.

NAME: CITY/STATE: TELEPHONE

1. _____
2. _____
3. _____

EDUCATION

	NAME/CITY, STATE	MAJOR	DATES	GRADUATE	DEGREE/CERT.
High School:					
College:					
Trade:					
Other:					

** **Continue on Back** **

WORK HISTORY

Please list from the most recent employment.

Employer #1: _____ Telephone: _____ From: _____
City/State: _____ To: _____
Supervisor: _____ HR/WG$ _____
Position: _____
JOB DESCRIPTION: _____

Reason for Leaving:

Employer #2: _____ Telephone: _____ From: _____
City/State: _____ To: _____
Supervisor: _____ HR/WG$ _____
Position: _____
JOB DESCRIPTION: _____

Reason for Leaving:

Employer #3: _____ Telephone: _____ From: _____
City/State: _____ To: _____
Supervisor: _____ HR/WG$ _____
Position: _____
JOB DESCRIPTION: _____

Reason for Leaving:

I CERTIFY THAT ANSWERS GIVEN ON THE APPLICATON ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING TO AN EMPLOYMENT DECISION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN IMMEDIATE TERMINATION. I UNDERSTAND THAT IF EMPLOYED I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE PHOENIX INDIAN CENTER, INC. AND TRAINING SITE.

_____ _____
Signature of Applicant Today's Date

DOB: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: ( ) _____