



SANTO DOMINGO TRIBAL HOUSING AUTHORITY

Application for Employment
(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME: _____

LAST	FIRST	MIDDLE	Social Security #
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PRESENT ADDRESS: _____

STREET	CITY	STATE	ZIP
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PERMANENT ADDRESS: _____

STREET	CITY	STATE	ZIP
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DOB _____ PHONE NO. _____ APT # _____

In Case of Emergency Notify: _____

NAME	ADDRESS	PHONE #
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Are you a member of an Indian Tribe? YES or NO Please Specify: _____

Do you have a valid Driver's License? YES or NO

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Desired: _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Ever applied to this company before? _____ Where? _____ When? _____

Ever worked for this company before? _____ Where? _____ When? _____

REASON FOR LEAVING: _____

Name of last supervisor at this Company: _____

Who referred you _____ Employment Agency _____ Friend _____ other
to this Company? _____ Newspaper Ad _____ Walk-in _____

EXPERIENCE

Previous Employer	Firm Address	Dates Employed

GENERAL

Special Training _____

Special Skills _____

PRESENT OR FORMER EMPLOYERS: (List below last three (3) employers with the last one first)

Name and Address of present or last employer: _____

Starting Date: _____ Leaving Date: _____
MONTH YEAR MONTH YEAR

STARTING SALARY: _____ FINAL SALARY: _____

JOB TITLE: _____ May we contact your Supervisor? _____

SUPERVISOR: _____ Phone No.: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

Name and Address of employer: _____

Starting Date: _____ Leaving Date: _____
MONTH YEAR MONTH YEAR

STARTING SALARY: _____ FINAL SALARY: _____

JOB TITLE: _____ May we contact your Supervisor? _____

SUPERVISOR: _____ Phone No.: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

Name and Address of employer: _____

Starting Date: _____ Leaving Date: _____
MONTH YEAR MONTH YEAR

STARTING SALARY: _____ FINAL SALARY: _____

JOB TITLE: _____ May we contact your Supervisor? _____

SUPERVISOR: _____ Phone No.: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

REFERENCES: (Give below the names of three (3) persons NOT related to you, whom you know at least one year)

NAME	ADDRESS	BUSINESS	YEARS ACQUINTED

SERVICE RECORD

BRANCH OF SERVICE: _____ DISCHARGE DATE _____ RANK _____
Present Membership in _____ DATE _____
National Guard Ends _____ Obligation Ends: _____

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT _____ FEET _____ INCHES DATE OF BIRTH: _____
WEIGHT _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS PRECLUDING YOU FROM ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

WERE YOU EVER SERIOUSLY INJURED? GIVE DETAILS: _____

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?
DESCRIBE: _____

I understand and that I may be required to take one or more physical examination; lie detector test(s) as a condition of hiring or continued employment. I agree to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). YES NO

**I have been advised that lie detector test(s), as a condition of hiring or continued employment are prohibited by law.
YES NO**

You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you applied.

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED FALSIFIED STATEMENTS ON THIS APPLICATION SHALL GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE: _____ SIGNATURE: _____