PECHANGA TRIBAL GOVERNMENT

EMPLOYMENT APPLICATION

Only typed applications accepted

PERSONAL INFORMATION

Full Name:	Date:
Home Phone:	Cell Phone:
Email:	Preferred mode of contact: ☐cell ☐home ☐email
Address:	
State name and relationship of any relatives in our employ:	Referred by:

☐Pechanga Band of Luiseño Mission Indians Members Enrollment # _____

☐Pechanga Band of Luiseño Mission Indians Member's Spouse _____ Enrollment # _____

☐Other American Indian: Tribe name _____ Enrollment # _____

Hiring Preference: *The Pechanga Tribal Government will at all times and for all positions give hiring, transfer and promotion preference to qualified applicants in the following order: 1) Pechanga Band of Luiseño Mission Indians Members; 2) Pechanga Band of Luiseño Mission Indian Member Spouses; 3) Other American Indians; and 4) all others.*

EMPLOYMENT INTERESTS

Position applying for:

Have you previously applied for a position with The Pechanga Tribal Government? ☐Yes ☐No

If yes, list date and position applied for:

Have you ever held a position with any Pechanga entity? ☐Yes ☐No

If yes, which entity? _____

If yes, list dates and position held:

Are you eligible for rehire? ☐Yes ☐No

Available start date:	Salary desired:
Are you employed now? ☐Yes ☐No	May we contact your current employer? ☐Yes ☐No

EDUCATION

School or Institution	Name and Location	Major	Degree/Diploma
High School			
College/University			
Other			

Special Training/Affiliations: *Exclude organizations: the name or character of which indicate the race, creed, sex, marital status, age, color or national origin of its members.*

Honors or Awards Received:

Professional Certificates/Licenses held:

EMPLOYMENT HISTORY

List your last four employers, starting with the most recent

Company Name:	Address:	Telephone:	Dates Employed (Month/Year) From: To:
Job Title:	Supervisor's Name/Title:	Type of Business:	Base Pay (Hourly/Annually) Start: End:
Description of Duties:	Reason for Leaving:		May we contact this employer? ☐ Yes ☐No
Company Name:	Address:	Telephone:	Dates Employed (Month/Year) From: To:
Job Title:	Supervisor's Name/Title:	Type of Business:	Base Pay (Hourly/Annually) Start: End:
Description of Duties:	Reason for Leaving:		May we contact this employer? ☐ Yes ☐No
Company Name:	Address:	Telephone:	Dates Employed (Month/Year) From: To:
Job Title:	Supervisor's Name/Title:	Type of Business:	Base Pay (Hourly/Annually) Start: End:
Description of Duties:	Reason for Leaving:		May we contact this employer? ☐ Yes ☐No
Company Name:	Address:	Telephone:	Dates Employed (Month/Year) From: To:
Job Title:	Supervisor's Name/Title:	Type of Business:	Base Pay (Hourly/Annually) Start: End:
Description of Duties:	Reason for Leaving:		May we contact this employer? ☐ Yes ☐No

OTHER INFORMATION

Have you ever been terminated or asked to resign from any job? ☐Yes ☐No *If yes, please explain*.

Have you ever been convicted of a felony? ☐Yes ☐No If yes, please provide information regarding conviction including state, city or county where the offense occurred. **NOTE***: Answering "yes" to this question may not adversely affect your application for employment. Factors such as age, time and nature of offense will be considered.*

Are you at least 18 years of age or older? ☐Yes ☐ No *If no, you may be required to provide authorization to work.*

Do you have the legal right to work and be employed in the U.S.? ☐Yes ☐No
(Proof of identity and legal authority to work in the U.S. is a condition of employment)

Do you have reliable transportation to and from work? ☐Yes ☐No

Are you willing to work overtime, if necessary? ☐Yes ☐No

Do you understand the job requirements? ☐Yes ☐ No

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? ☐Yes ☐No

List languages, other than English, in which you are fluent:

1. _____ ☐Speak ☐Read ☐Write
2. _____ ☐Speak ☐Read ☐Write

List all computer software programs you are proficient with:

Ability to type? ☐Yes ☐No | Words per minute:

PROFESSIONAL REFERENCES

Please include a minimum of two references

Name	Phone	Email	Business Name/Affiliation	Years Acquainted

PERSONAL REFERENCES

Please include a minimum of two references

Name	Phone	Email	Affiliation	Years Acquainted

ACKNOWLEDGEMENT (PLEASE READ CAREFULLY BEFORE SIGNING BELOW):

_____ *initials* I hereby affirm that the information provided on this employment application form and my resume is true and complete to the best of my knowledge. I understand and agree that falsified information or omissions may result in termination from employment if discovered after my employment has begun. I hereby authorize the Pechanga Tribal Government (hereinafter referred to as the "Tribe") to substantiate and verify my past employment, previous salary history, credentials, and any of the information associated with my qualifications. I also authorize my previous schools, employers, and listed references to release to the Tribe any relevant information that may reasonably be requested in connection with my employment. I agree that the Tribe and my previous employers, schools and references shall not be held liable if an employment offer is not tendered, is withdrawn, or employment is terminated due to any false information I provided or information I failed to provide.

_____ *initials* I understand that any employment offer I might receive is contingent upon my passing both a drug and alcohol test and background screening. I consent to any testing necessary to determine the presence and/or level of drugs and alcohol in my body other than drugs prescribed by a physician.

_____ *initials* I understand that as a condition of employment in a Director/Manager role or a position in the Finance department, a Consumer Credit Report may be applicable as part of the background screening process.

_____ *initials* I understand that as a condition of employment in positions working directly with children or where children may be present, additional background screening which may include extensive and specialized screening will be required.

_____ *initials* I understand that no statement in this form, related policies, or any offer of employment may be construed as an employment contract.

At-Will Employment:

_____ *initials* I understand that employment with the Pechanga Tribal Government is at-will and for no definite period. The employment relationship may be terminated at any time by the employee or the Tribal Government for any or no reason and with or without notice.

Drug Testing:

_____ *initials* I understand that the Pechanga Tribal Government is a drug-free workplace. All employees must pass pre-employment and other mandatory drug testing pursuant to The Pechanga Tribal Government Employee Policy and Procedures Manual, Drug Free Workplace Policy.

_____ *initials* I understand that my application for employment will be placed in an active status for a period of one (1) year during which time it will be reviewed as job openings occur in my area(s) of job interest. I understand that the Tribe may or may not contact me on the status of my application based on my qualifications and available openings and I should assume that my application has been reviewed. I further understand that if I wish my application to remain active for a period longer than one (1) year, I must complete a new application.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer be terminated at any time and for any reason without any previous notice.

Applicant Signature: _____ **Date:** _____

PECHANGA TRIBAL GOVERNMENT

Attachment to Employment Application for Fire Department

Directions: Attach a copy of your resume and a copy of any professional licenses and certificates that are stated in the job announcement for the position that you are applying for and that are shown in the section below.

Professional License/Certificate Possessed (Attach Copy)	Date Issued	Issued By	Expiration
Current California EMT I Certification			
Current CPR Card			
CA Accredited Fire Academy or FF I Certification			
Confined Space Rescue Awareness Certification			
HAZ MAT FRO (8 hrs Fed OSHA) Certification			
ICS 1-100 or Greater			
Driver Operator 1A and 1B			
California State Fire Marshal Firefighter II Certification			
California State Fire Marshal Fire Officer's Certification & (ICS 300) Qualification			
Other:			

Summarize other special job related skills and knowledge acquired from employment or other experience that would help us evaluate your qualifications, i.e. fire explorer, volunteer firefighter, etc.