



APPLICATION FOR EMPLOYMENT
SAN CARLOS APACHE TRIBAL PERSONNEL DEPARTMENT
THE SAN CARLOS APACHE TRIBE
P. O. BOX 0
SAN CARLOS, ARIZONA 85550

Print Clearly

Announcement No. _____

1. TITLE OR POSITION FOR WHICH YOU ARE APPLYING:			7. DATE OF BIRTH March 28 1991	
2. LAST NAME	FIRST	MIDDLE	8. SOCIAL SECURITY NUMBER	
Elgo	Ada	Marie		
3. MAILING ADDRESS:			9. AUTHORITY TO WORK IN THE U.S.: [x] U.S. CITIZEN [] ALIEN WORK PERMIT NUMBER: _____	
10. CHECK THE APPROPRIATE BOX			10. MILITARY SERVICE: ARE YOU A VETERAN? [] YES [x] NO DATES AND BRANCH OF SERVICE:	
4. ARE YOU NOW WORKING FOR THE SAN CARLOS APACHE TRIBE?			11. NAME AND PHONE NUMBER OF PERSONS TO CONTACT REGARDING EMPLOYMENT:	
5. ARE YOU CLAIMING INDIAN PREFERENCE? INDIAN TRIBE AND ENROLLMENT NUMBER:			11. NAME AND PHONE NUMBER OF PERSONS TO CONTACT REGARDING EMPLOYMENT:	
6. CAN YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? SPECIFY:			11. NAME AND PHONE NUMBER OF PERSONS TO CONTACT REGARDING EMPLOYMENT:	

12. EDUCATION AND TRAINING HISTORY (SUBJECT TO VERIFICATION BY PERSONNEL) : TRANSCRIPTS OR CERTIFICATE SHOULD BE ATTACHED TO RECEIVE FULL CREDIT

NAME AND ADDRESSES OF SCHOOLS ATTENDED	DATES ATTENDED	NUMBER OF SEMESTER HOURS	DATE OF GRAD	CURRICULUM/ SUBJECTS STUDIED
HIGH SCHOOL OR GED				
COLLEGE OR UNIVERSITY				

13. NAME OFFICE OR SHOP MACHINES, TOOLS, EQUIPMENT YOU CAN SET UP AND SAFELY OPERATE.

14. OFFICE SKILLS:

SHORTHAND: _____ TYPING: _____

_____ WPM _____ WPM

15. HAVE YOU EVER BEEN CONVICTED FOR ANY CRIME? ____NO ____YES. ARE YOU CURRENTLY UNDER CHARGES FOR ANY CRIME IN ANY COURT? ____NO ____YES (EXPLAIN. Include month and year):

1. _____ 3. _____

2. _____ 4. _____

16. IF YOU ARE APPLYING FOR A JOB WHICH REQUIRES A DRIVERS LICENSE:

LICENSE NUMBER: _____ CLASS: _____ STATE: _____ EXPIRES _____

17. REFERENCES: PLEASE LIST TWO PEOPLE NOT RELATED TO YOU, WHO KNOW YOUR QUALIFICATIONS AND FITNESS FOR THE JOB YOU ARE APPLYING FOR. DO NOT USE SUPERVISORS LISTED UNDER EMPLOYMENT HISTORY.

FULL NAME REFERENCE	PRESENT BUSINESS OR HOME ADDRESS	TELEPHONE NUMBER	BUSINESS OR OCCUPATION

18. HAVE YOU EVER BEEN FIRED FROM A JOB?

_____ NO _____ YES PLEASE EXPLAIN _____

EMPLOYMENT HISTORY: LIST YOUR PAST WORK RECORDS, INCLUDE ANY INTERRUPTIONS IN YOUR WORK HISTORY SUCH AS SCHOOL. LENGTHY PERIODS OF UNEMPLOYMENT, SABBATICALS, ETC., INCLUDE SELF EMPLOYMENT AND U.S. MILITARY SERVICE. START WITH PRESENT OR LAST POSITION.

19. NAME OF EMPLOYER:	DATES OF EMPLOYMENT
ADDRESS:	FROM (MONTH AND YEAR):
NAME / TITLE OF SUPERVISOR:	TO (MONTH AND YEAR):
YOUR TITLE:	HOURS PER WEEK:
DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED	

REASONS FOR WANTING TO LEAVE:

20. NAME OF EMPLOYER:	DATES OF EMPLOYMENT
ADDRESS:	FROM (MONTH AND YEAR):
NAME / TITLE OF SUPERVISOR:	TO (MONTH AND YEAR):
YOUR TITLE:	HOURS PER WEEK:
DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED	

REASONS FOR WANTING TO LEAVE:

21. NAME OF EMPLOYER:	DATES OF EMPLOYMENT
ADDRESS:	FROM (MONTH AND YEAR):
NAME / TITLE OF SUPERVISOR:	TO (MONTH AND YEAR):
YOUR TITLE:	HOURS PER WEEK:
DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED	

REASONS FOR WANTING TO LEAVE:

CONDITIONS OF EMPLOYMENT
(Please read carefully before signing)

In submitting an application, I understand that false statements may be grounds for not hiring me or for firing me after I begin work. If I am employed I assure the San Carlos Apache Tribe that I am bondable (for positions which require employees to be bonded). I authorize the San Carlos Apache Tribe to investigate all statements on this application and releases from all liability all persons, corporations, schools, or other organizations furnishing information. I further understand that, if employed on a permanent basis, I will be subject to a probationary period as specified in the Tribal Personnel Policies and Procedures. Incomplete applications will not be considered.

SIGNATURE OF APPLICANT

DATE

INSTRUCTIONS TO THE San Carlos Apache Tribe APPLICANT/EMPLOYEE REGARDING DRUG TEST PROCESS

1. Although you will be required to provide 3 ounces of urine for drug/alcohol testing and need a full bladder, you should limit fluid intake in the three hour prior to giving a urine sample, unless other advised by your physician.
2. Once you report to the facility where the urine sample is collected, the collection must be done that day. You may not come back the following day or any subsequent day to provide a sample. If a sample is not provided on the same day you report to the facility, your application for employment will be considered incomplete. Employees will be subject to disciplinary action including termination of employment.
3. You are required to provide the collection facility with photo identification.
4. You will be asked to remove any bulky outer garments and to leave personal belongings (i.e., purses, briefcases) outside the collection room.
5. Since a urine specimen temperature check must be done immediately following urination, you need to give your urine to the collection site person within 2 minutes following urination. If the sample does meet temperature requirements, another sample will be taken. If the second sample does meet temperature requirements, the sample will be considered invalid for testing and if you are an applicant for employment will not be considered.
6. You should keep your urine specimen in view at all times prior to its being sealed and labeled. Once a tamper proof seal has been placed on the specimen, the collection site personnel may remove the sample for security storage and shipment.
7. The collection facility will provide a Test Request For & Chain of Custody. Make certain you sign this form upon completion of the collection process.
8. You will be tested for alcohol, amphetamines (stimulants), barbiturates (downers), benzodiazepines (sedatives), cannabinoids (marijuana), cocaine, methadone, opiates (heroin), phencyclidine (PCP), and propoxyphene (Darvon, etc.) if you are not subject to Department of Transportation testing. If you are subject to Department of Transportation Testing, you will be tested for amphetamines, cocaine, marijuana, opiates and phencyclidine. If you are illegally using or abusing any of these substances, do not continue with the application process for employment with SCAT.

Please read and sign on reverse

**SAN CARLOS APACHE TRIBE
PERSONNEL DEPARTMENT**
P.O. Box 0
San Carlos, Arizona 85550
Phone: (928) 475-2361 Fax: (928) 475-2296

**Terry Rambler
Tribal Chairman**



**Tao Etpison
Tribal Vice-Chairman**

AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Date of Birth: _____
Last First MI MM/DD/YYYY

Social Security Number: _____
XXX-XX-XXXX

As an applicant applying for a position with The San Carlos Apache Tribe. I have been asked to furnish information for use in reviewing my background and qualifications. I hereby authorize the San Carlos Apache Tribal Personnel Department to investigate my past/present work, character, education, military and police records to ascertain any and all information which may be pertinent to employment qualifications. I agree to cooperate in such an investigation and release all persons/corporations from liability or responsibility that are requesting or supplying such information. You may obtain a copy of this release for your files.

I have read and understand the nature of this release.

Signature _____ Date _____

SAN CARLOS APACHE TRIBE

San Carlos Avenue
P.O. Box 0
San Carlos, Arizona 85550
(928) 475-2361 v Fax (928) 475-2296

Terry Rambler
Tribal Chairman



Tao Etpison
Tribal Vice-Chairman

Application:

San Carlos Apache Tribe employees, as a condition of employment, are required to be free from any measurable amounts of illegal drugs, unprescribed controlled substances and alcohol. Because San Carlos Apache Tribe is committed to providing a drug free working environment for our customers and employees, all offers of employment are contingent upon a urinalysis drug test which indicates that you are free from illegal drugs, alcohol and unprescribed controlled substances.

If you offered a position with San Carlos Apache Tribe you will be required to report within 24 hours, with photo identification to take a urinalysis drug test. Although certain security measures are taken in order to prevent cheating, your personal privacy in the collection process will be respected. The results of this test will be forwarded to the appropriate person at the San Carlos Apache Tribe.

CONSENT AND RELEASE FOR TESTING

I consent freely and voluntarily to the collection process and testing of my urine. I hereby, release and hold harmless the San Carlos Apache Tribe, its employees, designated representatives and agents, for any liability whatsoever arising from this request to furnish my specimens, the testing of my employment based upon the result of these tests. I further authorize the confidential release of laboratory drug test results to the San Carlos Apache Tribe or designee of the San Carlos Apache Tribe at any future date as they are needed.

If I should test positive for a prescription medication and there is no record of verification of prescriptions, I understand that my test result will be considered positive and that I will not be eligible for a position at the San Carlos Apache Tribe.

I have read the "Instructions to Applicant Regarding Drug Testing Process" and I understand all the requirements, and I had the opportunity to read the company's drug/alcohol policy.

I have read and understand the above.

SIGNATURE

DATE