



Reno-Sparks Indian Colony Employment Application

98 Colony Road, Reno Nevada 89502

Recruitment Number	POSITION TITLE
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MR. <input type="checkbox"/>	MS. <input type="checkbox"/>	SOCIAL SECURITY NUMBER - -
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LAST NAME	FIRST NAME	MI
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MAILING ADDRESS

CITY	STATE	ZIP
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HOME PHONE () -	OTHER PHONE () -	E-MAIL ADDRESS
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ARE YOU A CURRENT RSIC EMPLOYEE? (CHECK ONE) YES NO

HOW DID YOU FIND OUT ABOUT THIS POSITION?
 RGJ Newspaper RSIC Newsletter RSIC Website
 Friend/Relative Walk-in Native Papers

CONDITIONS OF EMPLOYMENT: Indicate the types of employment you **WILL** accept.

- | | |
|---|---|
| <input type="checkbox"/> FULL-TIME EMPLOYMENT | <input type="checkbox"/> LIMITED SERVICE (usually grant funded) |
| <input type="checkbox"/> PART-TIME EMPLOYMENT | <input type="checkbox"/> INTERMITTENT (seasonal work throughout the year) |
| <input type="checkbox"/> SHIFT EMPLOYMENT | <input type="checkbox"/> TEMPORARY (cannot exceed 90 calendar days) |

EDUCATION:

HIGH SCHOOL:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCATION:	IF NO, DO YOU HAVE A GED? YES <input type="checkbox"/> NO <input type="checkbox"/>

COLLEGE OR SCHOOL:	FROM:	TO:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCATION:		TYPE OF DEGREE OR DIPLOMA:	

COLLEGE OR SCHOOL:	FROM:	TO:	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCATION:		Type of Degree or Diploma:	

SPECIAL QUALIFICATIONS:	LICENSING:
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NAME

SOCIAL SECURITY #

- -

EMPLOYMENT HISTORY: List your work history beginning with your present job for the last ten years.

EMPLOYER:	FROM:	TO:	HRS/WEEK:	JOB TITLE:
ADDRESS:	PHONE:	DUTIES:		
STARTING WAGE	ENDING WAGE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
REASON FOR LEAVING				
EMPLOYER:	FROM:	TO:	HRS/WEEK:	JOB TITLE:
ADDRESS:	PHONE:	DUTIES:		
STARTING WAGE	ENDING WAGE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
REASON FOR LEAVING				
EMPLOYER:	FROM:	TO:	HRS/WEEK:	JOB TITLE:
ADDRESS:	PHONE:	DUTIES:		
STARTING WAGE	ENDING WAGE	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
REASON FOR LEAVING				

Please attach additional work history statements if needed.

I CERTIFY THAT I AM A U.S. CITIZEN, PERMANENT RESIDENT OR A FOREIGN NATIONAL WITH AUTHORIZATION TO WORK IN THE UNITED STATES.		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
HAVE YOU SERVED IN THE U.S. ARMED SERVICES? YES <input type="checkbox"/> NO <input type="checkbox"/>		BRANCH:		RANK:	
ARE YOU AN ENROLLED MEMBER OF A FEDERALLY RECOGNIZED TRIBE?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
TRIBE:	ENROLLMENT NUMBER:				
HAVE YOU EVER BEEN CONVICTED OF, OR ENTERED A PLEA OF GUILTY, NO CONTEST, OR HAD A WITHHELD JUDGMENT TO A FELONY OR MISDEAMOR (OTHER THAN MINOR TRAFFIC VIOLATIONS)? (Such convictions do not necessarily bar you from employment)		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES PLEASE EXPLAIN (Attach another sheet if necessary).					
SIGNATURE				DATE	

I certify that answers given herein are true and complete to the best of my knowledge. I understand that Reno-Sparks Indian Colony (RSIC) is relying upon all of the representation, both written and oral, which I have made during the entire process of applying for employment with RSIC. I understand this application is not intended to be a contract of employment. Furthermore, I understand that just as I am free to resign at any time, RSIC reserves the right to terminate my employment at any time, with or without prior notice. In the event that I am employed by RSIC, I understand that if I make any false statements, misrepresentations, or omissions in this application process I may be discharged at any time during my employment and I agree to hold RSIC or any person named herein harmless in that event.

Authorization to Release Information

Having made application for a position with RSIC, I wish them to be informed as to my previous record and character, to determine my qualifications and suitability for the position. For this specific purpose, I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of RSIC, upon presentation of this waiver, or a photocopy of this waiver, whether in person, by mail, fax, or other method of conveyance.

This release is valid for a period of eighteen (18) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original of my signature.

Examples of types of information I am requesting that you provide include, but are not limited to: Dates of employment, rate of pay, job title, dependability, honesty, attitude towards the job, interactions with fellow employees, and reason for leaving, education records, and/or other such information you may have concerning my qualifications and suitability. I hereby release you as the custodian of such record, and any law enforcement agency, criminal justice agency, school, college, university, or other educational institution, including officers, agents, employees, related personnel, both individually and collectively, from any and all liability for damage for whatever kind, which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it.

PROFESSIONAL REFERENCE:	DATES KNOWN FROM: TO:	JOB TITLE:
ADDRESS:		PHONE:

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ADDRESS:		PHONE:

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SOCIAL SECURITY NUMBER

- -

LAST NAME (Please Print)

FIRST NAME

MI

Signature

Date
