

C.R.I.T. Employment Application
Human Resource Department
26600 Mohave Road
Parker, Arizona 85344
(928) 669-1320

POSITION APPLIED FOR: _____ ANNOUNCEMENT#: _____

NAME: _____ SSN: _____ DOB: _____

MAILING ADDRESS, CITY STATE & ZIP: _____

E-MAIL: _____ TELEPHONE #: _____ CELL #: _____

HAVE YOU EVER WORKED UNDER ANOTHER NAME? – IF YES PLEASE LIST THE NAMES: _____

LIST PREVIOUS EMPLOYMENT WITH COLORADO RIVER INDIAN TRIBES: _____

EDUCATION

NAME & MAILING ADDRESS OF COLLEGE/UNIVERSITY: _____

AREA OF EMPHASIS: _____ DATE GRADUATED: _____

LIST DEGREE (S): _____

NAME & MAILING ADDRESS OF COLLEGE/UNIVERSITY: _____

AREA OF EMPHASIS: _____ DATE GRADUATED: _____

LIST DEGREE (S): _____

NAME, ADDRESS AND DATE RECEIVED DIPLOMA OR CERTIFICATE:

HIGH SCHOOL: _____ DATE: _____

VOCATIONAL/TRADE SCHOOL: _____ DATE: _____

G.E.D. DIPLOMA: CITY: _____ STATE: _____ DATE: _____

EMPLOYMENT HISTORY

LIST MOST RECENT EMPLOYER FIRST, GO BACK FIVE (5) YEARS – ATTACH SEPARATE SHEET IF NECESSARY

EMPLOYER NAME AND ADDRESS: _____

TELEPHONE NUMBER: _____ DATES EMPLOYED: _____

POSITION HELD: _____ NAME OF SUPERVISOR: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

EMPLOYER NAME AND ADDRESS: _____

TELEPHONE NUMBER: _____ DATES EMPLOYED: _____

POSITION HELD: _____ NAME OF SUPERVISOR: _____

DESCRIPTION OF DUTIES: _____

REASON FOR LEAVING: _____

**PERSONAL REFERENCES
LIST THOSE WHO CAN BE CONTACTED**

NAME & ADDRESS: _____

TELEPHONE NUMBER: _____ OCCUPATION: _____ YRS. KNOWN: _____

NAME & ADDRESS: _____

TELEPHONE NUMBER: _____ OCCUPATION: _____ YRS. KNOWN: _____

NAME & ADDRESS: _____

TELEPHONE NUMBER: _____ OCCUPATION: _____ YRS. KNOWN: _____

ADDITIONAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY: IF **YES**, PLEASE STATE CHARGES AND DISPOSITION: _____

HAVE YOU EVER BEEN FORCED TO RESIGN? IF **YES**, PLEASE EXPLAIN CIRCUMSTANCES: _____

VALID DRIVERS LICENSE # _____ ISSUING STATE: _____ DATE EXPIRES: _____

COMMERCIAL DRIVERS LICENSE # _____ ISSUING STATE: _____ DATE EXPIRES: _____

LIST TRAFFIC CONVICTIONS RESULTING IN A FINE OF \$30 OR MORE WITHIN LAST THREE (3) YEARS: _____

ARE YOU BONDABLE? [] YES [] NO – IF **NO** PLEASE STATE PARTICULARS ON SEPARATE LETTER.

HAVE YOU SERVED IN THE U.S. MILITARY SERVICE [] NO – IF **YES**, LIST RANK: _____

TYPE OF DISCHARGE: _____ TRAINING AS IT RELATES TO POSSIBLE EMPLOYMENT: _____

MAY WE CHECK YOUR WORK HISTORY WITH LISTED EMPLOYERS? [] YES [] NO – LIST EMPLOYER (S) NOT TO BE CONTACTED AND REASON: _____

IF YOU ARE SEEKING EMPLOYMENT ON THE BASIS OF INDIAN-PREFERENCE PLEASE RESPOND TO THE ONE THAT APPLIES TO YOU:

[] I AM AN ENROLLED MEMBER OF THE COLORADO RIVER INDIAN TRIBES – ENROLLMENT # _____

[] I AM AN ENROLLED MEMBER OF: _____ ENROLLMENT # _____

BY SIGNING THIS EMPLOYMENT APPLICATION:

1. I CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
2. I UNDERSTAND THAT AS AN APPLICANT WHO MAY BE CONSIDERED FOR HIRE, I MUST CONSENT TO THE COLORADO RIVER INDIAN TRIBES PRE-EMPLOYMENT DRUG SCREENING.
3. I FURTHER ACKNOWLEDGE THAT SHOULD AN INVESTIGATION AT ANY TIME DISCLOSE ANY MISREPRESENTATION OR FALSIFICATION, MY APPLICATION MAY BE REJECTED, MY NAME REMOVED FROM FURTHER CONSIDERATION, AND I MAY BE DISQUALIFIED FROM FURTHER EXAMINATIONS AND OR TERMINATED FROM EMPLOYMENT.

I HEREBY AUTHORIZE THE COLORADO RIVER INDIAN TRIBES TO MAKE THE NECESSARY AND APPROPRIATE INVESTIGATIONS AND SCREENINGS ALLOWABLE BY LAW TO VERIFY THE INFORMATION I HAVE PROVIDED.

APPLICANTS' SIGNATURE: _____ DATE: _____