

# EMPLOYMENT APPLICATION

SHOSHONE-PAIUTE TRIBES, P.O. BOX 219, OWYHEE, NV 89832

Website: [www.shopaitribes.org](http://www.shopaitribes.org), Human Resources Email: [hr@shopai.org](mailto:hr@shopai.org)

Phone: (208) 759-3100, Fax: (888) 476-7269

The Shoshone-Paiute Tribal employment applications are to be received and stamped in by the Human Resource Department by 5:00 p.m. of the closing date of the Job Announcement.

Job Applied For: \_\_\_\_\_ Received: \_\_\_\_\_

## GENERAL INSTRUCTIONS

Your application materials (high school diploma, college transcripts, certification certificates, letters of recommendation, drivers license, tribal identification, minimum qualification documentation-*note see job announcement*, etc.) must be attached to make your application complete.

1. Complete a separate application for each job you apply for.
2. **Signature:**
  - a. By electronically submitting your application, you agree to the conditions stated in the certification and signature section of the application, which is enforceable as if you had signed.
  - b. **If submitting in hard copy format**, type or print clearly in dark ink and **sign your application in ink.**
3. All applications will be screened by the **Selection Committee**. **Incomplete or illegible applications** will not be considered for interviews.
4. The Shoshone-Paiute Tribes is not responsible for applications that are misdirected, lost in the mail, or lost as a result of transmitting by fax or email.

**Please keep a copy of your application materials.  
Copies can be provided at 10 cents per page.**

## VETERANS/DISABLED VETERAN'S/VIETNAM ERA and NATIVE AMERICAN/TRIBAL PREFERENCE

To obtain Veteran's/Native American/Tribal preference points when applying with the Shoshone-Paiute Tribes, you must meet **ALL** of the following criteria:

1. You must have served in the Armed Forces for a period of more than 180 consecutive days unless you were discharged because of a service-connected disability.
2. You must have been released or discharged with other than a dishonorable/undesirable discharge.
3. **You must attach a copy of your DD214/DD215** to your application.
4. **Disabled Veterans Preference**-You must provide VA Certification
5. **Native American and Tribal Preference**-Must attach proof of Tribal Enrollment and/or other tribal affiliation.

## WORK HISTORY INSTRUCTIONS

The information you provide in the "Work History" section will be used to evaluate whether you meet the minimum qualifications listed in the announcement. Starting with your current or most recent job, list all your jobs (paid or volunteer).

1. **Critical:** If you held more than one position within the same company, **list each position as a separate job** in the "Work History" section. Provide your duties as well as beginning and ending dates and hours worked per week for each position
2. **Critical:** Clearly describe all your duties. If your description of work in the "Work History" section is too *brief and/or insufficient* to determine if you meet the qualifications for the job, *you may not be considered for the position.*

**A RESUME WILL NOT SUBSTITUTE FOR COMPLETION OF THE WORK HISTORY SECTION.**

**Complete each box -** If you do not provide all the information in the "Work History" section, ***no credit will be given*** for that job.

**It is the responsibility of the applicant to make sure all required documentation is attached to the application. If there are any questions please ask the Human Resource Staff.**

# Shoshone-Paiute Tribes Employment Application

## PLEASE COMPLETE THE FOLLOWING INFORMATION:

**Job Applied For:** \_\_\_\_\_

**Date of Announcement:** \_\_\_\_\_

### NAME AND ADDRESS

NAME (LAST, FIRST)			HOME TELEPHONE (include area code):		
MAILING ADDRESS:			WORK TELEPHONE (Provide only one including area code):		
CITY	STATE	ZIP CODE:	DO YOU CLAIM TRIBAL/INDIAN PREFERENCE?		
EMAIL ADDRESS:			<input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE ATTACH PROOF OF TRIBAL ENROLLMENT.					

### VETERANS PREFERENCE - To Receive Credit Attach a Copy of Your DD214/DD215

DATE OF ENTRY (M-D-Y):	DATE OF DISCHARGE (M-D-Y):	BRANCH OF SERVICE:
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### DISABLED VETERAN'S PREFERENCE – To Receive Credit you must provide VA Certification

### WORK SCHEDULE AVAILABILITY

Check Only One: <input type="checkbox"/> PERMANENT <input type="checkbox"/> SEASONAL <input type="checkbox"/> EITHER	Check Only One: <input type="checkbox"/> FULL TIME <input type="checkbox"/> FULL OR PART TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> ANY	Date You Can Report For Work:
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### EDUCATION / TRAINING HISTORY

List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one) ☐ YES ☐ NO **COPY MUST BE ATTACHED.**

	Name and Address Of School, College, or University	Course of Study (List Major)	Credits Earned Check One & Indicate Hours	Did You Graduate? (Yes / No)	Degree or Certificate Received (AA, BA, BS, MA, PhD)
<b>A</b>			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
<b>B</b>			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
<b>C</b>			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
<b>D</b>			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		

### SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, computer languages or software programs, foreign languages, etc.). **Attach additional pages as needed.**

### LICENSE / REGISTRATION / CERTIFICATE

List any license, registration, certificate, Commercial Driver's License (CDL), etc. **COPY MUST BE ATTACHED.**

Description	State	Number	Expiration

## WORK HISTORY

### JOB NUMBER 1 (current or most recent position)

NAME OF EMPLOYER		EMPLOYER'S ADDRESS
KIND OF BUSINESS		EMPLOYER'S PHONE NUMBER
YOUR JOB TITLE		SUPERVISOR'S NAME
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	SUPERVISOR'S PHONE NUMBER
TOTAL TIME IN CURRENT OR LAST POSITION:	HOURS WORKED PER WEEK (Average)	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

### JOB NUMBER 2

NAME OF EMPLOYER		EMPLOYER'S ADDRESS
KIND OF BUSINESS		EMPLOYER'S PHONE NUMBER
YOUR JOB TITLE		SUPERVISOR'S NAME
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	SUPERVISOR'S PHONE NUMBER
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):		
Reason for leaving this position:		

JOB NUMBER 3			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS	
KIND OF BUSINESS		EMPLOYER'S PHONE NUMBER	
YOUR JOB TITLE		SUPERVISOR'S NAME	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	SUPERVISOR'S PHONE NUMBER	
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

<b>JOB NUMBER 4</b>		
NAME OF EMPLOYER		EMPLOYER'S ADDRESS
KIND OF BUSINESS		EMPLOYER'S PHONE NUMBER
YOUR JOB TITLE		SUPERVISOR'S NAME
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	SUPERVISOR'S PHONE NUMBER
TOTAL TIME IN POSITION:	HOURS WORKED PER WEEK (Average)	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):                      		
Reason for leaving this position:		

### Legal History

**Can you work legally in the United States?** ☐ YES ☐ NO  
(Documentation showing eligibility for employment in the US and identity will be required.)

**Have you ever been terminated or asked to resign from employment?** ☐ YES ☐ NO  
**If (YES), Explain:**

**Have you ever been convicted of a misdemeanor, gross misdemeanor or felony?** ☐ YES ☐ NO  
(Excluding juvenile adjudication).  
**If (YES), Explain:**

**The Crime Control Act, PL 101-647, and Family Violence Prevention Act, PL 101-630, of 1990** requires the following questions of persons applying for positions that involve regular contact with or control over Indian Children.

**Have you ever been arrested or charged with a crime involving a child?** ☐ YES ☐ NO  
**If, (YES), Explain:**

**Have you ever been found guilty of, or entered in a plea of nolo contendere (no contest), or guilty to, any offense under Federal, State or Tribal involving crimes of violence, sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution, or crimes against persons?** ☐ YES ☐ NO  
**If YES, please explain the date, violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved:**

**Have you had any gaps in your employment history?** ☐ YES ☐ NO  
**If (YES), Explain :**

### REFERENCES

List three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

**Name and Address (Include state & zip code); Telephone Number and area code; years known.**

1.

2.

3.

### CERTIFICATION AND SIGNATURE

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related employment process, whether made by me or by others at my request, will result in rejection of my application, denial of employment, or dismissal from the Shoshone-Paiute Tribes if discovered after employment, and under some circumstances, may result in prosecution for a crime.

- ♦ I certify that all statements contained herein are true and complete whether made by me or others at my request.
- ♦ I can perform the duties of this position with or without reasonable accommodation as defined by the American Disabilities Act.
- ♦ I understand that if hired, I must prove that I am legally authorized to work in the United States.
- ♦ I authorize the Shoshone-Paiute Tribes to check employment references and verify education information provided on this employment application and as disclosed in the interview process.
- ♦ I authorize the Shoshone-Paiute Tribes to check my driving record if the position for which I am applying requires driving.
- ♦ You may be asked to submit to a pre-employment drug test, a credit history check and/or criminal history background check as a condition of employment.
- ♦ I release the Shoshone-Paiute Tribes and all providers of information from any liability as a result of furnishing and receiving any information related to the Shoshone-Paiute Tribes hiring process.

By electronically submitting my application materials, I agree to the conditions stated in this "Certification and Signature" section, and this section is enforceable as if I had signed below.

SIGNATURE (Must signed **IN INK** if submitting hard copy):

DATE:

**KEEP A COPY OF YOUR APPLICATION FOR INTERVIEWS. COPIES WILL NOT BE PROVIDED.**

**RECRUITMENT TRACKING INFORMATION**  
**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

***DO NOT WRITE YOUR NAME OR OTHER IDENTIFYING INFORMATION ON THIS PAGE***

**Job Applied For:** \_\_\_\_\_

**HOW DID YOU LEARN ABOUT THIS POSITION?**

- ☐ Newspaper (List Publication) \_\_\_\_\_
- ☐ Other website (List website) \_\_\_\_\_
- ☐ Local Posting      ☐ Friend
- ☐ Other: \_\_\_\_\_

**VOLUNTARY INFORMATION**

**The information you provide below is voluntary.**

**Affirmative Action**

If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This will also be used for research and statistical purposes.

**Ethnic Background (check only one)**

- ☐ (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- ☐ (B) **African American (not of Hispanic origin):** Persons having origins in any of the black ethnic groups.
- ☐ (H) **Hispanic:** Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- ☐ (I) **Native American or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ (W) **Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Gender:**      ☐ MALE      ☐ FEMALE

**Disabled:**      ☐ YES      ☐ NO

(Checking the "yes" box has no effect on an employer's obligation to provide reasonable accommodation under state and federal disability laws.)

**ATTENTION**

**Attach this page to your application materials,**  
even if you do not provide the voluntary information.