



If yes, which tribe: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes  No

Can you provide written proof that you can legally work in this country? Yes  No

*All applicants will be required to furnish proof of identity and legal work authority within 3 business days of hire.*

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you available to work:  Full-Time  Part-Time  Temporary

Are you currently on "lay-off" status and subject to recall? Yes  No

**For Driving Positions Only.** Do you have a valid Driver's License? Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed In \_\_\_\_\_

Are you insurable at standard rates to operate an automobile in this state? Yes  No  If No, explain below

Have you been convicted of driving while impaired or under the influence of alcohol and/or drugs or have you refused to submit to a Blood Alcohol Content (BAC) test within the past three years? Yes  No  If Yes, give explanation(s) and date(s): \_\_\_\_\_

Have you had your operator's license suspended, revoked or administratively restricted within the past three years? Yes  No

If Yes, give explanations(s) and date(s): \_\_\_\_\_

**(PLEASE NOTE: A yes in any of the answers below may not necessarily disqualify an applicant from employment.)**

Have you been convicted of any law violation in the past 10 years? Yes  No

Include any plea of "guilty" or "no contest". (Exclude minor traffic violations).

Are you currently serving probation or deferred adjudication for any crime? Yes  No

If you answered "yes", to any of the above, please explain. Please list along with location where the incident(s) occurred, date and disposition.

**EDUCATION**

	Name & Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate School				
Graduate Professional				
Business or Trade (Specify)				

**Specialized Skills (Check Skills/Equipment Operated)**

Computer Skills: Computer Literate? Yes \_\_\_\_ No \_\_\_\_  
 If yes, which programs can you operate? Word \_\_\_\_\_ Excel \_\_\_\_\_ Power Point \_\_\_\_\_ Access \_\_\_\_\_  
 Data Entry \_\_\_\_\_ Other Programs \_\_\_\_\_  
 Operation of:  
 Typewriter \_\_\_\_\_ WPM \_\_\_\_\_ Fax \_\_\_\_\_ Copier \_\_\_\_\_ Adding Machine \_\_\_\_\_ Other \_\_\_\_\_

**EMPLOYMENT**

Start with your present or last employer. Include any job-related military service assignments and volunteer activities. Include part or seasonal work and explain any periods of unemployment that exceed 30 days or more. Attach additional sheets if necessary.

Company Name: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last Position Held: \_\_\_\_\_ From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_

If you are currently employed, may we contact your current employer? Yes  No

Company Name: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last Position Held: \_\_\_\_\_ From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last Position Held: \_\_\_\_\_ From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone No.: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last Position Held: \_\_\_\_\_ From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Final Wage: \_\_\_\_\_

**REFERENCES:** List the names and phone numbers of three persons who have knowledge of your job experience.

Name	Years Known /Capacity	Phone No.

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.**

Your signature acknowledges your acceptance of the following:

1. I attest that all information represented on this application is true and correct, to the best of my knowledge. I understand that any falsification, omission or misrepresentation of information whether in writing or during the interview process is grounds for withdrawal of the offer of employment with the Pueblo of Isleta (POI), Isleta Pueblo Housing Authority (IPHA), and Isleta Business Corporation (IBC) and may result in my dismissal if discovered at a later date.
2. I authorize the POI, IPHA, and IBC conduct a routine inquiry into my job history and inquire about applicable information concerning my character, general reputation or any other information that POI, IPHA, and IBC deems necessary for my employment.
3. I acknowledge that Federal law prohibits companies from hiring any persons unless valid documents establishing my identity and eligibility to work in the United States is provided. I understand that providing these documents are a condition of employment.
4. I agree to submit to a drug/alcohol test conducted at a licensed facility with the test paid for by the POI, IPHA, and IBC. I authorize such results to be released to POI, IPHA, and IBC. I understand that passing the test is a condition of employment.
5. I understand that prior to formal offer of employment, I will be required to undergo a background checks to include criminal records from county, state, federal and tribal courts for the last ten years to include Felony and Misdemeanor convictions, Social Security Number Verification, Motor Vehicle Report History, and may include Credit History depending on the position.
6. I understand that the application for employment does not imply a contract for employment between the Pueblo of Isleta and myself. I hereby understand and acknowledge that, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Pueblo of Isleta may discharge Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by statements that alter the "at will" nature of employment.
7. In the event of employment, I understand that I am required to abide by all POI, IPHA, and IBC policies, rules, regulations, and procedures, including but not limited to: Harassment Policy, Confidentiality Agreement, Standards of Conduct, Substance Abuse and Drug Testing Policy, and Dress & Grooming policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date