Isleta Pueblo Housing Authority
PO Box 760 | Isleta, NM 87022

EMPLOYMENT APPLICATION

Phone: (505) 869-4153
info@isletapueblohousing.org

Isleta Pueblo Housing Authority (IPHA) is an equal opportunity employer with Tribal Preference policies.

This application is used to assess the applicant's suitability for the position for which they have applied. Clearly list all qualifications relevant to the position and include any education, certifications, licenses, and other credentials that demonstrate your suitability and qualifications for the role. You may apply for up to two (2) positions per application.

Date	1st Position Applied For	2nd Position Applied For

Tell us how you heard of this position:

☐ IPHA/Pueblo of Isleta (POI) Website ☐ Indeed
☐ Pueblo of Isleta Newsletter ☐ IPHA/POI Referral *Full Name/Dept.:* _____
☐ Walk-In ☐ Other _____

PERSONAL INFORMATION *Please answer each section fully and accurately.*

Last Name	First Name	Middle Name	Jr., II, etc.

Mailing Address (complete physical address with apartment/unit number, if applicable):

Cell Phone	Home Phone	Alternate Number	Email Address

Employment Status

- Are you currently employed? ☒ Yes ☐ No *If no, briefly state why:* _____
- Have you ever been employed by Isleta Pueblo Housing Authority or the Pueblo of Isleta? ☐ Yes ☐ No
  If yes, list dates of employment and position(s) held:
- List any relatives (name and relationship) working for IPHA or POI:
- Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No
  If "YES," check: ☐ Isleta Pueblo Housing Authority ☐ Pueblo of Isleta *Dept.:* _____

Tribal Preference (If claiming tribal preference, select applicable option to you and provide tribal ID# and documentation).

☐ An enrolled member of the Pueblo of Isleta *ID#* _____
☐ An enrolled member of a Native American Tribe *Tribe/ID#* _____

Age Requirements (All applicants are required to provide proof of identity and legal work authority withing 3 business days of hire).

Can you provide required proof of eligibility to work, if you are under the age of 18? ☐ Yes ☐ No
Can you provide written proof that you can legally work in the United States? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No	State _____ License # _____ Class_____
Date available to work:	Are you available to work ☐ Full-Time ☐ Part-Time ☐ Temp

EMPLOYMENT HISTORY *List employment history, beginning with the present and working back 6 years without breaks. For periods of unemployment, list dates and note "unemployed", "attending school", etc.* ***Include month and year for each job.***

1

Mo./Yr. to Mo./Yr.	Employer Name		Position Title		Salary
Employer Street Address		City	State	Zip Code	Phone Number
Supervisor's Name	Supervisor's Phone Number	Reason you left			
Briefly describe your job duties:					

2

Mo./Yr. to Mo./Yr.	Employer Name		Position Title		Salary
Employer Street Address		City	State	Zip Code	Phone Number
Supervisor's Name	Supervisor's Phone Number	Reason you left			
Briefly describe your job duties:					

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Mo./Yr. to Mo./Yr.	Employer Name		Position Title		Salary
Employer Street Address		City	State	Zip Code	Phone Number
Supervisor's Name	Supervisor's Phone Number	Reason you left			
Briefly describe your job duties:					

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Mo./Yr. to Mo./Yr.	Employer Name		Position Title		Salary
Employer Street Address		City	State	Zip Code	Phone Number
Supervisor's Name	Supervisor's Phone Number	Reason you left			
Briefly describe your job duties:					

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Mo./Yr. to Mo./Yr.	Employer Name		Position Title		Salary
Employer Street Address		City	State	Zip Code	Phone Number
Supervisor's Name	Supervisor's Phone Number	Reason you left			
Briefly describe your job duties:					

TERMINATION HISTORY

During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems? ☐ Yes ☐ No

If "YES," provide the date, an explanation of the problem, reason for leaving, and the employer's name and address here:

EDUCATION *List all schools attended and degrees attained.*

Highschool

	Month/Year – Month/Year	School Name Address	HS Diploma/GED	Awarded (Mo./Yr.)
	Dec 2027 to			

College/University

1	Month/Year – Month/Year	Name of School	Major/Course of Study	Degree Type	Awarded (Mo./Yr.)
	Street Address and City of School			State	Zip Code
2	Month/Year – Month/Year	Name of School	Major/Course of Study	Degree Type	Awarded (Mo./Yr.)
	Street Address and City of School			State	Zip Code

List of any special Awards/Acknowledgements/Academic Achievements:

Business/Trade School

1	Month/Year – Month/Year	Name of School	Major/Course of Study	Degree Type	Awarded (Mo./Yr.)
	Street Address and City of School			State	Zip Code
2	Month/Year – Month/Year	Name of School	Major/Course of Study	Degree Type	Awarded (Mo./Yr.)
	Street Address and City of School			State	Zip Code

SPECIALIZED SKILLS

- Are you computer knowledgeable/experienced? ☐ Yes ☐ No *Level:* ☐ Novice ☐ Proficient ☐ Advanced
  If "YES" which software programs can you operate? ☐ MS Word ☐ MS Excel ☐ MS PowerPoint ☐ MS Outlook
  Other Programs/Software:
- What office equipment can you operate? ☐ Fax ☐ Copier ☐ Scanner *Other:*
- What tools/equipment can you operate?

LICENSURE/CERTIFICATIONS *List any professional licenses, certifications, or registrations you possess.*

Type	State of Issue	Number	Status	Status
			☐ Active ☐ Inactive	*Expires:*
			☐ Active ☐ Inactive	*Expires:*
			☐ Active ☐ Inactive	*Expires:*

MILITARY HISTORY *A copy of your DD214 must be provided if claiming Veteran status.*

Have you served in the U.S. military? ☐ Yes ☐ No	*Military Discharge Status/Type*	*Month/Year*

If discharge is other than Honorable, provide the circumstances, date, and type of discharge:

PROFESSIONAL REFERENCES

Please list three (3) people who can provide information regarding your job performance and your suitability for employment.

- ***References are those you have worked with in a professional work setting.***
- ***Friends or family should not be listed.***
- ***Two of the three professional references should be a supervisor and/or manager.***

1	*Full Name:*	*Dates Known:*	*From* *To*	
	Email:	*Phone:*		☐ *Work* ☐ *Cell* ☐ *Home*
	Company:		☐ *Supervisor/Manager*	☐ *Co-Worker*
2	*Full Name:*	*Dates Known:*	*From* *To*	
	Email:	*Phone:*		☐ *Work* ☐ *Cell* ☐ *Home*
	Company:		☐ *Supervisor/Manager*	☐ *Co-Worker*
3	*Full Name:*	*Dates Known:*	*From* *To*	
	Email:	*Phone:*		☐ *Work* ☐ *Cell* ☐ *Home*
	Company:		☐ *Supervisor/Manager*	☐ *Co-Worker*

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY. SIGN TO CERTIFY ANSWERS ARE TRUE AND CORRECT.

Your signature acknowledges your acceptance of the following:

1. I attest that all information represented on this application and/or any attachments, 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 **Isleta Pueblo Housing Authority (IPHA)** and may result in my dismissal if discovered later.
2. I authorize the **IPHA** to conduct a routine inquiry into my job history and about applicable information concerning my character, general reputation or any other information that **IPHA** deems necessary for my employment.
3. I acknowledge that Federal law prohibits **IPHA** from hiring any persons unless valid documents proving my identity and eligibility to work in the United States is provided. I understand that these documents are a condition of employment.
4. I agree to submit to a pre-employment drug/alcohol test conducted at a licensed facility (paid by **IPHA**), and I authorize such results to be released to **IPHA**. I understand that passing the drug test is a condition of employment.
5. I understand that prior to formal offer of employment, I will be required to undergo a background check to include criminal records from county, state, federal and tribal courts for the last seven (7) years to include Felony and Misdemeanor convictions, Social Security number verification, Motor Vehicle report, and Credit History (depending on position).
6. I understand that this application for employment does not imply a contract for employment between **IPHA** and myself. I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, meaning that the Employee may resign at any time and **IPHA** 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 **IPHA** 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.
8. I certify that my responses to the questions made in my application for employment are true and correct, that I have received notice that a criminal history records check will be conducted, and is a condition of employment.
9. If selected for a position, I understand that disclosure of criminal background information on the background questionnaire will not necessarily disqualify me from employment.
10. I understand my right to obtain a copy of any criminal history report made available to the **IPHA** and my rights to challenge the accuracy and completeness of any information contained in the report.
11. An email submission of this application without signature implies the applicant acknowledges and accepts items 1 through 11 of this certification and all answers contained in this application are true and correct.

_____	_____	_____
Signature of Applicant	*Print Full Name*	*Date*