



MESA GRANDE BAND OF MISSION INDIANS  
APPLICATION FOR EMPLOYMENT

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12. Are you a High School Graduate? \_\_\_ Yes \_\_\_ No      Year of Graduation: \_\_\_\_\_

13. Do you have a GED Certificate? \_\_\_ Yes \_\_\_ No      Month/Year: \_\_\_\_\_

14. Circle your highest education level: 1 2 3 4 5 6 7 8 9 10 11 12 / 13 14 15 16 / 17 18+

Post Secondary: \_\_\_\_\_ Location/State: \_\_\_\_\_

Course/Major Studied \_\_\_\_\_ Semester Hours: \_\_\_\_\_ Quarter Hours: \_\_\_\_\_

Degree/Certificate Received: \_\_\_\_\_ Year Received: \_\_\_\_\_ None Received: \_\_\_\_\_

Post Secondary: \_\_\_\_\_ Location/State: \_\_\_\_\_

Course/Major Studied \_\_\_\_\_ Semester Hours: \_\_\_\_\_ Quarter Hours: \_\_\_\_\_

Degree/Certificate Received: \_\_\_\_\_ Year Received: \_\_\_\_\_ None Received: \_\_\_\_\_

15. SPECIAL QUALIFICATIONS AND SKILLS: List all qualifications and skills you possess which are required for the job as stated in the official announcement of vacancy, such as typing and/or shorthand proficiency (give speeds) ability to operate specialized machinery, equipment, or professional registration or licensing. Indicate any training you have had which is directly related to the job for which you are applying. Please use separate pages if necessary.

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16. OTHER SCHOOLS & TRAINING: (for example: trade, vocational, Armed Forces or business). Give for each the name and location, (City, State & Zip Code if known) of schools, dates attended, subjects studied, number of classroom hours of instructions per week, certificate and any other pertinent data. Please use separate pages if necessary.

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17. EXPERIENCE: start with present or most recent job. Include military service. Civilian or military experience acquired more than 10 years ago may be omitted if inapplicable to the job you are now seeking. Please use separate sheets if necessary.

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18. REFERENCES: List three (3) persons, with address and/or telephone number, who are '**NOT**' related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

**Do not** repeat names of supervisors listed under item 17 – EXPERIENCE.

1. \_\_\_\_\_  
Name Area code Telephone Number

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Address Zip Code

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REFERENCES (continued):

2. \_\_\_\_\_  
Name \_\_\_\_\_ Area code \_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_

PRESENT OR MOST RECENT JOB

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Employed: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Duties, Responsibilities & Accomplishments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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PRESENT OR MOST RECENT JOB (continued)

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Employed: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Duties, Responsibilities & Accomplishments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESENT OR MOST RECENT JOB

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Employed: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Your Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Duties, Responsibilities & Accomplishments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS TO APPLICANTS:** Complete ONLY the "Authorization" section of this form, located on the bottom. The rest of the form will be completed by your present/past employer(s).

MESA GRANDE BAND OF MISSION INDIANS  
EMPLOYMENT REFERENCE CHECK

\_\_\_\_\_  
Employer Name (Area Code) Telephone No.

\_\_\_\_\_  
Employer Address ZIP CODE

EMPLOYMENT INFORMATION

\_\_\_\_\_  
FINAL POSITION APPLICANT HELD DATE EMPLOYED FROM/ TO ENDING SALARY

RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT EVALUATION  
(Please check appropriate box for each category)

ATTENDANCE:	___	Excellent	___	Good	___	Satisfactory	___	Fair	___	Unsatisfactory
COOPERATION:	___	Excellent	___	Good	___	Satisfactory	___	Fair	___	Unsatisfactory
INITIATIVE:	___	Excellent	___	Good	___	Satisfactory	___	Fair	___	Unsatisfactory
JOB KNOWLEDGE:	___	Excellent	___	Good	___	Satisfactory	___	Fair	___	Unsatisfactory
WORK QUALITY:	___	Excellent	___	Good	___	Satisfactory	___	Fair	___	Unsatisfactory

ADDITIONAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

ELIGIBLE FOR REHIRE: \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
SIGNATURE TITLE DATE

AUTHORIZATION  
***(To be completed by applicant)***

I HEREBY AUTHORIZE YOU TO PROVIDE ANY INFORMATION YOU MAY HAVE REGARDING MY CHARACTER AND PERFORMANCE.

\_\_\_\_\_  
Applicant's Signature Social Security No. Date