

# MESA GRANDE BAND OF MISSION INDIANS PERSONNEL DEPARTMENT P.O. BOX 270 SANTA YSABEL CA 92070

TELEPHONE NO: (760) 782-3818

#### APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: All applicants for employment must be made on this form.

Applicants are urged to consider carefully and understand fully each question, and having done

so, to fill in all the blanks accurately with a pen not pencil.

Neatness is important.

 ${\it All information submitted is subject to verification.}$ 

A false or misleading response will result in disqualification from Tribal Employment.

1.	Title of	Job/Bulletin No. for whicl	h you are applying:				
2.	_	First	Middle		Last	augus den volumente den verschen der verschen der verschen der verschen der verschen der verschen der verschen	
3.	Social S	ecurity Number:		/		_	
4.	Address	: Mailing address		City		State	Zip Code
5.	Telepho	ne Number: (Area Code)		***			
6.	Date of	Birth: Month	Day		Year		
7.	Drivers L	.icense/ID No. & Issuing S	tate: No.		/_ Issuing	State	
8.	Tribal Af	filiation: Please provide T			_/ Census No.	.:	
9.	Check <u>a</u>	<i>ll types of work</i> you will a	accept:Ten	ured,	Full Time,	[	Day Work
	Nigh	t Work, Shift Work,	Temporary,	Pa	rt Time,	Weeke	end Work.
10.	What d	ate would you be availab	le to start work? _				
11.	Minimu	ım salarv or hourly rate v	ou will accept? \$				

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12. Are you a High School Graduate?Yes _	No	Year of Gradua	ation:
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	3 9 10 11 12/	13 14 15 16 / 17 18+
Post Secondary:		Location/State	2:
Course/Major Studied	Semester	Hours:	Quarter Hours:
Degree/Certificate Received:	_ Year Rece	eived:	None Received:
Post Secondary:		Location/State	e:
Course/Major Studied	Semester l	Hours:	Quarter Hours:
Degree/Certificate Received:	_ Year Rec	eived:	None Received:
15. SPECIAL QUALIFICATIONS AND SKILLS: List required for the job as stated in the official ann shorthand proficiency (give speeds) ability to o professional registration or licensing. Indicate related to the job for which you are applying. I	nouncemen perate spe any trainin	t of vacancy, su cialized machin g you have had	ich as typing and/or ery, equipment, or which is directly
			,

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16. OTHER SCHOOLS & TRAINING: (for example: trade, voc Give for each the name and location, (City, State & Zip Code attended, subjects studied, number of classroom hours of ir any other pertinent data. Please use separate pages if necessary	if known) of schools, dates astructions per week, certificate and
	,
17. EXPERIENCE: start with present or most recent job. Incl military experience acquired more than 10 years ago may be you are now seeking. Please use separate sheets if necessar	e omitted if inapplicable to the job
18. REFERENCES: List three (3) persons, with address and/o ' <u>NOT'</u> related to you and who have definite knowledge of yo position for which you are applying. <u>Do not</u> repeat names of supervisors listed under item 17 – E	our qualifications and fitness for the
1Name	Area code Telephone Number
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
	<u>PRESEN</u>	T OR MOST RECENT J	ОВ	
Employer Name:				
Employer Address:				
Type of business:				
Date Employed:		From:	To:	- 1
Your Title:		Supervisor's Na	ame:	
Starting Salary:		Ending Salary	•	
Reason for Leaving:				
Description of		Responsibilities		

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### PRESENT OR MOST RECENT JOB (continued)

Employer Name:							
Employer Addres	mployer Address:						
Type of Business: From: To:							
Date Employed:_			From:	То			
Your Title:		Supervisor's Name:					
Starting Salary:	in a second contract of the second contract o		Ending Salary: _	y:			
Reason for Leavir					- America		
Description	of 	Duties,	Responsibilities	& 	Accomplishments:		
		<u>PRESEN</u>	FOR MOST RECENT JOB				
Employer Name:							
<b>Employer Address</b>	s:	20					
Type of Business:							
Date Employed:_			From:	To			
Your Title:			Supervisor's Name	e:			
Starting Salary:			Ending Salary:				
Reason for Leavin	g:						
Description	of	Duties,	Responsibilities	&	Accomplishments:		
	Section Control of the Control						

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	(Area Code) Telephone No.				
Employer Address ZIP CODE EMPLOYMENT INFORMATION						
FINAL POSITION APPLICANT HELD	DATE EMPLO	YED FROM/ TO	ENDING SALARY			
RESPONSIBILITIES:						
	EMPLOYMENT EVALUA					
ATTENDANCE: Excellent	GoodSatisfa	actory Fair	Unsatisfactory			
	Good Satisfa		Unsatisfactory			
INITIATIVE: Excellent	Good Satisfa		Unsatisfactory			
JOB KNOWLEDGE: Excellent	Good Satisfa					
WORK QUALITY: Excellent	Good Satisfa	actory Fair	Unsatisfactory			
ADDITONAL COMMENTS:	-		5'			
. · · · · ·						
REASON FOR LEAVING:						
ELIGIBLE FOR REHIRE: YES	NO					
SIGNATURE	TITLE		DATE			
	AUTHORIZATION					
· <u>(1</u>	o be completed by app					
I HEREBY AUTHORIZE YOU TO PROVIDE ANY IN	NFORMATION YOU MAY HAV	E REGARDING MY CHA	RACTER AND PERFORMANCE.			
			/			
Applicant's Signature	Sc	Social Security No. Date				