

WORK EXPERIENCE TRAINING APPLICATION

Name:		Date:
Address: (include city, state and zip code)		E-Mail:
Position applied for:	Telephone/Message:	Social Security Number: (last 4 digits)

Veteran of U.S. military?

YES: <input type="checkbox"/>	Branch:	Date of Entry:	Date of Discharge:
<input type="checkbox"/>			

Have you ever been convicted of any crime other than minor traffic violations?

YES: <input type="checkbox"/>	If yes, please explain:
<input type="checkbox"/>	

Are you currently under doctor's care or on any medication?

YES: <input type="checkbox"/>	If yes, please explain:
<input type="checkbox"/>	

In what Tribe are you enrolled?	For positions requiring driving, do you have a valid driver's license?
	YES: <input type="checkbox"/> Driver License #:
	<input type="checkbox"/>

Are you related to anyone employed with this agency?

YES: <input type="checkbox"/>	If yes, please provide name:	Relation:
<input type="checkbox"/>		

SKILLS

COMPUTER SOFTWARE:			
TYPING: words per minute	Ten Key: strokes per minute (touch/sight)	Telephone: number of lines:	
Type of Filing:	Accounting:	Fax:	Copier:

Please list **other skills and equipment** used: (relative to the position applying for)

Please indicate other Language(s):

1)	Speak <input type="checkbox"/>	2)	Speak <input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

REFERENCES: Please list three references we may contact. Do not list family members or relatives.

NAME:	CITY/STATE:	TELEPHONE
1. _____		
2. _____		
3. _____		

EDUCATION

	NAME/CITY, STATE	MAJOR	DATES	GRADUATE	DEGREE/CERT.
High School:					
College:					
Trade:					
Other:					

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WORK HISTORY

Please list from the most recent employment.

Employer #1: _____ Telephone: _____ From: _____
City/State: _____ To: _____
Supervisor: _____ HR/WG\$ _____
Position: _____
JOB DESCRIPTION: _____

Reason for Leaving: _____

Employer #2: _____ Telephone: _____ From: _____
City/State: _____ To: _____
Supervisor: _____ HR/WG\$ _____
Position: _____
JOB DESCRIPTION: _____

Reason for Leaving: _____

Employer #3: _____ Telephone: _____ From: _____
City/State: _____ To: _____
Supervisor: _____ HR/WG\$ _____
Position: _____
JOB DESCRIPTION: _____

Reason for Leaving: _____

I CERTIFY THAT ANSWERS GIVEN ON THE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING TO AN EMPLOYMENT DECISION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN IMMEDIATE TERMINATION. I UNDERSTAND THAT IF EMPLOYED I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE PHOENIX INDIAN CENTER, INC. AND TRAINING SITE.

Signature of Applicant

Today's Date

DOB: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: () _____