



## WHITE MOUNTAIN APACHE TRIBE

Division of Human Resources  
Personnel Department  
PO Box 700  
Whiteriver, AZ 85941

### APPLICATION FOR EMPLOYMENT

1. Read all instructions carefully (please print or type).
  2. Fill in all **areas** requested; if **NOT APPLICABLE**, write N/A. Do not leave any spaces blank.
  3. Type or print information and fill in information neatly and accurately.
  4. Apply **BEFORE OR NO LATER** than the announced closing date.
  5. If additional information is being requested, please supply them with your application.
- INCOMPLETE APPLICATIONS WILL BE DELAYED AND MAY AFFECT YOUR CHANCES FOR EMPLOYMENT.**

### ASSISTANCE

ASSISTANCE IN FILLING OUT THIS APPLICATION IS AVAILABLE THROUGH THE WHITE MOUNTAIN APACHE TRIBE, DIVISION OF HUMAN RESOURCES, PERSONNEL DEPARTMENT.

After application has been stamped and received by personnel, it becomes the property of the White Mountain Apache Tribe, Division of Human Resources, Personnel Dept. **NO FUTURE COPIES MAY BE MADE.** If you have submitted an application within a one-year time frame, it may be used for other job announcements.

**SECTION A - POSITION INFORMATION**

1. Position Applied For:

2. Date:

**SECTION B - APPLICANT INFORMATION**

3. Name (Last, First, Middle)

4. Social Security Number

5. Address (PO Box number/Street/Apt No.)

City, State, Zip Code

6. Community You Live In

7. Phone Numbers (Home, Work)

8. Tribal Affiliation

9. Have you ever filled an application with the tribe before?    Yes \_\_\_\_ No \_\_\_\_

If Yes, give dates: \_\_\_\_\_

10. Have you ever been employed with the tribe before?    Yes \_\_\_\_ No \_\_\_\_

If Yes, give dates: \_\_\_\_\_

11. Are you currently employed?    Yes \_\_\_\_ No \_\_\_\_  
If Yes, may we contact your current employer  
Yes \_\_\_\_ No \_\_\_\_

12. Type of Employment Desired?  
Full Time \_\_\_\_ Part-Time \_\_\_\_ Temporary \_\_\_\_  
On Call \_\_\_\_ Seasonal \_\_\_\_

13. Shifts available and willing to work    Day Shift \_\_\_\_  
Evening Shift \_\_\_\_ Night Shift \_\_\_\_ Rotating \_\_\_\_

13. Will you accept a job that requires you to work on weekends or holidays?  
Yes \_\_\_\_ No \_\_\_\_

15. Will you travel if the job requires it?  
Yes \_\_\_\_ No \_\_\_\_

16. If required, will you undergo a pre-employment Physical?  
Yes \_\_\_\_ No \_\_\_\_

17. Will you work overtime, if required?  
Yes \_\_\_\_ No \_\_\_\_

18. Drivers License Number (if required for job)  
\_\_\_\_\_ State \_\_\_\_\_

19. Have you ever been convicted of a felony in the last seven (7) years? (Such conviction may be relevant if job related, but does not bar you from employment)    Yes \_\_\_\_ No \_\_\_\_  
If Yes, please explain below the nature of the offense, date and location.

20. If lifting is required on the job, indicate the amount of weight you are willing and able to lift:  
Up to 25 lbs \_\_\_\_ 25-50 lbs \_\_\_\_ More than 50 lbs \_\_\_\_ None \_\_\_\_

21. Are you a U. S. Citizen?    Yes \_\_\_\_ No \_\_\_\_  
If No, are you eligible to be employed under a visa or entry permit?

22. Indicate how many languages you speak, read and write fluently:	Fluent	Good	Fair
	Speak		
	Read		
	Write		

**SECTION C - EDUCATION AND TRAINING  
(LIST MOST RECENT FIRST)**

SCHOOL NAME	CITY/STATE	DATES ATTENDED MO/YR TO MO/YR	HIGHEST GRADE COMPLETED	DEGREE/DIPLOMA DATE RECEIVED

**SECTION D - WORK HISTORY  
(LIST MOST RECENT JOB FIRST AND WORK BACKWARDS)**

From Mo/ Yr:		To Mo/Yr:		Job Title	
Type of Business	Hrs per Week	Starting Salary Per		Final Salary Per	
Employers Name			Supervisor's Name		
Supervisor's Title			Phone Number		
Complete Address			City/State/Zip Code		
No. Employees Supervised			Reason for Leaving		
Description of duties and responsibilities:					

<b>From Mo/ Yr:</b>		<b>To Mo/Yr:</b>		<b>Job Title</b>	
<b>Type of Business</b>		<b>Hrs per Week</b>	<b>Starting Salary Per</b>		<b>Final Salary Per</b>
<b>Employers Name</b>			<b>Supervisor's Name</b>		
<b>Supervisor's Title</b>			<b>Phone Number</b>		
<b>Complete Address</b>			<b>City/State/Zip Code</b>		
<b>No. Employees Supervised</b>			<b>Reason for Leaving</b>		
<b>Description of duties and responsibilities:</b>					
<b>From Mo/ Yr:</b>		<b>To Mo/Yr:</b>		<b>Job Title</b>	
<b>Type of Business</b>		<b>Hrs per Week</b>	<b>Starting Salary Per</b>		<b>Final Salary Per</b>
<b>Employers Name</b>			<b>Supervisor's Name</b>		
<b>Supervisor's Title</b>			<b>Phone Number</b>		
<b>Complete Address</b>			<b>City/State/Zip Code</b>		
<b>No. Employees Supervised</b>			<b>Reason for Leaving</b>		
<b>Description of duties and responsibilities:</b>					
<b>SECTION E - ADDITONAL INFORMATION</b>					
<b>Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with the Tribe:</b>					
<b>List any additional information that you would like the Tribe to consider:</b>					

**SECTION F - STATEMENT OF CERTIFICATION – APPLICANT’S  
SIGNATURE**

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct, and complete to the best of my knowledge and belief. I also acknowledge that, should investigation at any time disclose any misrepresentation or falsification, my application may be rejected. My name may be removed from further consideration, and, I may be disqualified from future examinations and/or terminated from employment. I also authorize the White Mountain Apache Tribe, Division of Human Resources, Personnel Department; to make all necessary and appropriate investigations allowable by law to verify the information provided.

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

Date: \_\_\_\_\_