

RESIGHINI RANCHERIA

A Federally Recognized Indian Tribe



APPLICANT INFORMATION									
Last Name		First		M.I.	Date				
Street Address					Apartment/Unit #				
City				State	ZIP				
Home Phone				E-mail Address					
Cell Phone				Drivers License # and State					
Date Available				Social Security No.			Desired Salary		
Position Applied for									
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, Where & Address?					
Can we contact your supervisor?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, Who & Phone #					
Do you Claim Indian Preference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, What tribe?					
Do you have a Roll or I.D. Number?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what is it?					
Have you ever worked for the Rancheria?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where and position?					
EDUCATION									
High School			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

PLEASE SEE ADDRESS AND CONTACT INFORMATION AT BOTTOM OF APPLICATION.

DISCLAIMER AND SIGNATURE	
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.	
RESIGHINI RANCHERIA RESERVES THE RIGHT TO REQUEST MANDATORY DRUG TESTING FOR ANY EMPLOYEE WHO WORKS ON THE RANCHERIA. I AM AWARE OF THE ABOVE CONDITIONS OF EMPLOYMENT BY RESIGHINI RANCHERIA AND AGREE TO THEM.	
Signature	Date



177 Nepuey Road, P.O. Box 529, Klamath, California 95548
 TELEPHONE: (707) 482-2431 FACSIMILE: (707) 482-3425 E-MAIL office@resighinirancheria.com
 Located At U.S. Highway 101 and The Klamath River, In Our Aboriginal Lands