

QUECHAN HOUSING AUTHORITY

1860 W. Sapphire Lane
Winterhaven, California 92283
(760) 572-0243
FAX (760) 572-0245

APPLICATION FOR EMPLOYMENT

Members of the Quechan Tribe of the Fort Yuma Indian Reservation (Tribe), members of other Indian tribes, and military veterans will receive preferential consideration in hiring whenever possible. Preference shall be offered first to members of the Tribe, second to members of other federally recognized tribes, and third to Veterans. Otherwise, Quechan Housing Authority (QHA) hires as an Equal Employment Opportunity employer and applicants with stronger qualifications may be selected over applicants entitled to preferential consideration.

POSITION APPLIED FOR:				
LAST NAME:	FIRST:	MIDDLE:	OTHER NAMES USED IN EMPLOYMENT:	
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME TELEPHONE: ()		BUSINESS TELEPHONE: ()	CELLULAR/MOBILE TELEPHONE: ()	
BEST TIME TO CONTACT YOU: AM/PM		MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		SOCIAL SECURITY #:
DRIVER'S LICENSE NUMBER:		EXPIRATION DATE:		STATE:
ARE YOU AN AMERICAN CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, are you authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			CHECK IF ANY OF THE FOLLOWING APPLY: <input type="checkbox"/> I AM A MEMBER OF THE QUECHAN TRIBE <input type="checkbox"/> I AM A MEMBER OF ANOTHER TRIBE <input type="checkbox"/> I AM A VETERAN OF U.S. ARMED FORCES	
POSITION DESIRED (Only one (1) position per application is accepted).			RATE OF PAY DESIRED:	
TYPE OF WORK DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ON CALL/ TEMPORARY <input type="checkbox"/> SEASONAL			AVAILABLE START DATE:	
PLEASE LIST ANY SPECIAL SKILLS OR TRAINING THAT QUALIFIES YOU FOR THIS POSITION.				
PLEASE LIST ANY SPECIAL ACCOMPLISHMENTS, AWARDS, OR PUBLICATIONS. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status).				
PROFESSIONAL LICENSES, CERTIFICATES OR REGISTRATION:			ARE YOU 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW DID YOU LEARN ABOUT THIS JOB? (NEWSPAPER, AGENCY, CURRENT EMPLOYEE, ETC?)				
WERE YOU PREVIOUSLY EMPLOYED BY THE QUECHAN TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list dates and position held?				
HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH QTDHE? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? Month: _____ Year: _____				
LIST NAME(S) OF ANY RELATIVE(S) NOW EMPLOYED AT QHA.				

EDUCATION

	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY (MAJOR/MINOR)	YEARS ATTENDED	DID YOU GRADUATE?	DEGREE/ DIPLOMA
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORK HISTORY

Please give an accurate and complete full-time and part-time record. Start with present or most recent employer. Explain any breaks in employment history in comment section below.

COMPANY NAME:			TELEPHONE:
ADDRESS:		DATES OF EMPLOYMENT FROM: _____ TO: _____	
JOB TITLE:	SUPERVISOR'S NAME AND TITLE:		RATE OF PAY START: _____ FINAL: _____
POSITION DESCRIPTION AND RESPONSIBILITIES:		REASON FOR LEAVING:	
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME:			TELEPHONE:
ADDRESS:		DATES OF EMPLOYMENT FROM: _____ TO: _____	
JOB TITLE:	SUPERVISOR'S NAME AND TITLE:		RATE OF PAY START: _____ FINAL: _____
POSITION DESCRIPTION AND RESPONSIBILITIES:		REASON FOR LEAVING:	
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME:			TELEPHONE:
ADDRESS:		DATES OF EMPLOYMENT FROM: _____ TO: _____	
JOB TITLE:	SUPERVISOR'S NAME AND TITLE:		RATE OF PAY START: _____ FINAL: _____
POSITION DESCRIPTION		REASON FOR LEAVING	
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPANY NAME:		TELEPHONE:
ADDRESS:		DATES OF EMPLOYMENT FROM: _____ TO: _____
JOB TITLE:	SUPERVISOR'S NAME:	RATE OF PAY START: _____ FINAL: _____
POSITION DESCRIPTION AND RESPONSIBILITIES:		REASON FOR LEAVING
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS: INCLUDE ANY RELEVANT EXPERIENCE NOT INDICATED ABOVE AND ANY BREAKS IN EMPLOYMENT.		
Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO Explain (optional):		Have you been convicted of a misdemeanor crime in the last seven (7) years? * <input type="checkbox"/> YES <input type="checkbox"/> NO Explain (optional):
Have you ever been convicted of a felony crime? * <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain (optional).		
Have you ever had your driver's license suspended or revoked as a result of moving violation(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain.		
*You may attach additional sheets if necessary. Information supplied on an applicant's conviction record will not necessarily bar that applicant from consideration for employment. The nature of, reason for, and time elapsed since the conviction will be reviewed in light of the <u>duties of the job sought</u> . Clarification may be requested by human resources and/or the interviewing panel.		
Are you willing to relocate if necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to travel if necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you able to meet the attendance requirements of the position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to work overtime if necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:	
QHA complies with the Drug Free Workplace Act of 1988, Executive Order No. 12564. As an obligation to our employees, clients, and the public at large and to reasonably ensure safety in our workplace, all new employees will be subject to pre-employment drug screening. All job offers will be contingent upon negative results. The collection and testing are conducted in accordance with Title 49 of the Code of Federal Regulations Parts 40 and 382. Applicants who receive positive results on drug screening will have the opportunity to discuss matters with the Medical Review Officer.		
I have read and understand the above statement: <input type="checkbox"/> Yes Please initial here _____		
Note: In accordance with its sovereign powers to regulate activities within its jurisdiction, the Tribe adheres to employment practices that ensure the selection of qualified tribal members whenever possible. In order to maximize opportunities, in accordance with Section 703 of Title VII of the Civil Rights Acts of 1964 and 1990, as amended, defined by the Bureau of Indian Affairs Requirements in 25 CFR, officially enrolled members of the Tribe are given first hiring preference.		

REFERENCES

List names and contact information of three (3) Business/Work References WHO ARE NOT related to you and ARE NOT previous supervisors. If you do not have three (3) Business/Work References, you may list other references from school or personal acquaintance, who ARE NOT related to you.

NAME:	YEARS KNOWN AND IN WHAT CAPACITY:
HOME TELEPHONE:	BUSINESS TELEPHONE:
HOME ADDRESS:	CITY: STATE: ZIP:
BUSINESS ADDRESS:	CITY: STATE: ZIP:
NAME:	YEARS KNOWN AND IN WHAT CAPACITY:
HOME TELEPHONE:	BUSINESS TELEPHONE:
HOME ADDRESS:	CITY: STATE: ZIP:
BUSINESS ADDRESS:	CITY: STATE: ZIP:
NAME:	YEARS KNOWN AND IN WHAT CAPACITY:
HOME TELEPHONE:	BUSINESS TELEPHONE:
HOME ADDRESS:	CITY: STATE: ZIP:
BUSINESS ADDRESS:	CITY: STATE: ZIP:

ADDITIONAL INFORMATION

List any professional, trade, business, or civil associations and any offices held. Exclude memberships which reveal sex, race, religion, national origin, age, color disability, or any other similarly protected status.

Organization	Offices Held

HOME ADDRESSES FOR THE PAST FIVE (5) YEARS

You may attach additional sheets if necessary.

Address:	From:
City: State: Zip:	To:
Address:	From:
City: State: Zip:	To:
Address:	From:
City: State: Zip:	To:

I affirm that the above information is true and complete to the best of my knowledge. Should I be employed by QHA, I understand that any misrepresentations or false statements contained herein may be considered cause for discharge.

I understand that this application does not constitute an employment contract of any kind. Should I be employed by QHA, I may resign such employment at any time at my discretion, with or without prior notice, and QHA may terminate my employment at any time at their discretion, with or without cause and/or prior notice.

I understand that I need not provide QHA with my Social Security Number or proof of citizenship or work authorization at this time in accordance with the Privacy Act of 1974, which is codified at 5 U.S.C. 552a Section 7(b). However, in the event that I am employed by QHA, I understand that I will be required to provide my Social Security Number and proof of citizenship or authorization to work at that time.

The information that is provided in this application for employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application or failure of a pre-employment drug screening may result in my dismissal.

I hereby consent to any required background investigations, whether relating to criminal offenses, credit, or employment history, and authorize QHA to contact entities possessing information relevant to such records and references listed above.

APPLICANT SIGNATURE

DATE

Confidential/office use only:

Date Received: _____ Supporting documentation complete? Yes No

Is applicant entitled to preferential hire? Yes No If yes, list preference _____

Employment history/references verified? Yes No If yes, initialize and date _____

Criminal background check completed? Yes No If yes, initialize and date _____

Criminal history /disclosure concerns: Yes No (attach relevant info.)

Credit check completed? Yes No If yes, initialize and date _____

Date Drug Test Completed: _____ Negative results: Yes No

Scheduled for interview on: _____