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.

consideration.							
POSITION APPLIED FOR:							
LAST NAME:	FIRST:			MIDDLE:	OTHER NAMES USED	IN EMPLOYMENT:	
MAILING ADDRESS:	-		CITY:		STATE:	ZIP CODE:	
HOME TELEPHONE:		C	ELL:		EMAIL:		
()				. CT VOL			
BEST TIME TO CONTACT YOU:			MAY WE CONTACT YOU AT WORK?		SOCIAL SECURITY #:	SOCIAL SECURITY #:	
	AM/PM	Ιĥ	YES NO	0			
DRIVER'S LICENSE NUMBER:		E	XPIRATION DA	TE:	STATE:		
ARE YOU AN AMERICAN CITIZE	N? NE	s [NO		CHECK IF ANY OF THE FO	DLLOWING APPLY:	
If not, are you authorized to w	ork in the Ui	nite	d States?		I AM A MEMBER	OF THE QUECHAN TRIBE	
☐ YES ☐ NO					I AM A MEMBER	OF ANOTHER TRIBE	
					I AM A VETERAN OF U.S. ARMED FORCES		
POSITION DESIRED (Only one (1) position p	er a	application is a	ccepted).	RATE OF PAY DESIRED:		
TYPE OF WORK DESIRED:					AVAILABLE START DATE:		
☐ FULL TIME ☐ PART-TIME ☐ ON CALL/ TEMPORARY ☐ SEA				SONAL			
PLEASE LIST ANY SPECIAL SKILL	S OR TRAIN	ING	THAT QUALIF	IES YOU FO	R THIS POSITION.		
PLEASE LIST ANY SPECIAL ACCO	NADI ISHME	NITC	: AWADDS OF	DUBLICAT	IONS (Evaluda informa	stion which would royaal say	
race, religion, national origin, a					•	icion which would reveal sex,	
, 0 ,	, ,		, ,		,,		
PROFESSIONAL LICENSES, CERTIFICATES OR REGISTRATION:					ARE YOU 18 OR OLDER?		
						☐ YES ☐ NO	
HOW DID YOU LEARN ABOUT 1	TUIS IOD3 /	/NE	MICDADED ACI	ENCV CUR	DENT EMPLOYEE ETC2)		
HOW DID TOO LEAKN ABOUT I	IUIS 10B; (IVE	WSPAPEK, AGI	iver, corr	KEINT EIVIPLOTEE, ETC!)		
WERE YOU PREVIOUSLY EMPLO	OVED BY THE	- OI	IECHAN TRIRE	2 🗆 VEC	□ NO If you list date	os and nosition hold?	
WERE TOO PREVIOUSLY EIVIPE	ותו ום טוונ	L Q	JECHAN INIBE	: 1E3	☐ NO II yes, list date	es and position neid:	
HAVE YOU PREVIOUSLY SUBMI	ITTED AN AP	PLI	CATION FOR E	MPLOYMEI	NT WITH QHA?		
YES NO If yes, when	? Month:			Year:			
LIST NAME(S) OF ANY RELATIV	E(S) NOW EN	MPI	OYED AT QHA				

EDUCATION

	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY (MAJOR/MINOR)	YEARS ATTENDED	DID YOU GRADUATE?	DEGREE/ DIPLOMA
HIGH SCHOOL				☐ YES ☐ NO	
COLLEGE				☐ YES ☐ NO	
OTHER				☐ YES ☐ 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.

any breaks in employment history in com	ment 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	ES:	REASON FOR LEAVING:		
		MAY WE CONTACT THIS EMPLOY ☐ YES ☐ NO	YER?	
COMPANY NAME:			TELEPHONE:	
ADDRESS:			DATES OF EMPLOYMENT FROM: TO:	
JOB TITLE:	SUPERVISOR'S NAME AND TITLE:		RATE OF PAY START: FINAL:	
POSITION DESCRIPTION AND RESPONSIBILITIE	ES:	REASON FOR LEAVING:		
		MAY WE CONTACT THIS EMPLOYER? YES 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? YES NO		

COMPANY NAME:			TELEPHONE:	
ADDRESS:			DATES OF EMPLOYMENT FROM: TO:	
JOB TITLE:	SUPERVISOR'S NAME	:	RATE OF PAY START: FINAL:	
POSITION DESCRIPTION AND RESPONSIBILITI	ES:	REASON FOR LEAVING		
		MAY WE CONTACT THIS EMPLO	YER?	
COMMENTS: INCLUDE ANY RELEVA	ANT EXPERIENCE NOT	INDICATED ABOVE AND ANY	BREAKS IN EMPLOYMENT.	
Have you ever been bonded? YES NO Explain (optional):		Have you been convicted of a misdemeanor crime in the last seven (7) years?*		
Have you ever been convicted of a felony cris	me?*	☐ NO If yes, please e	xplain (optional).	
Have you ever had your driver's license suspe explain.	ended or revoked as a re	esult of moving violation(s)?	YES NO If yes, please	
*You may attach additional sheets if necess applicant from consideration for employment of the <u>duties of the job sought</u> . Clarification is	it. The nature of, reaso	n for, and time elapsed since the	conviction will be reviewed in light	
Are you willing to relocate if necessary? YES NO		Are you willing to travel if neces	sary?	
Are you able to meet the attendance requirements of the position? YES NO		Are you willing to work overtime if necessary? YES NO If no, please explain:		
QHA complies with the Drug Free Workplace public at large and to reasonably ensure safe All job offers will be contingent upon negation of Federal Regulations Parts 40 and 382. Apmatters with the Medical Review Officer.	ety in our workplace, alve results. The collection	I new employees will be subject to on and testing are conducted in ac	o pre-employment drug screening. cordance with Title 49 of the Code	
I have read and understand the above staten	nent: Yes <i>Plea</i> :	se initial here	_	
Note: In accordance with its sovereign pow that ensure the selection of qualified tribal n 703 of Title VII of the Civil Rights Acts of 190 officially enrolled members of the Tribe are g	nembers whenever poss 64 and 1990, as amend	sible. In order to maximize opport ed, defined by the Bureau of Indi	unities, in accordance with Section	

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 TELE	PHONE:	
HOME ADDRESS:			CITY:	STATE:	ZIP:
BUSINESS ADDRESS:			CITY:	STATE:	ZIP:
NAME:			YEARS KNOWN	AND IN WHAT CAPACITY:	:
HOME TELEPHONE:			BUSINESS TELE	PHONE:	
HOME ADDRESS:			CITY:	STATE:	ZIP:
BUSINESS ADDRESS:			CITY:	STATE:	ZIP:
NAME:			YEARS KNOWN	AND IN WHAT CAPACITY:	:
HOME TELEPHONE:			BUSINESS TELEI	PHONE:	
HOME ADDRESS:			CITY:	STATE:	ZIP:
BUSINESS ADDRESS:			CITY:	STATE:	ZIP:
	A	ADDITIONAL I	NFORMATIO	N	
List any professional, trade, bu national origin, age, color disab				lude memberships which	reveal sex, race, religion,
Org	anization			Offices Held	
	НОМЕ	ADDRESSES FOR	THE PAST FIVE (5) YEARS	
You may attach additional shee	ets if necessary.				
Address:				From:	
City:	State:	Zip:		То:	
Address:				From:	
City:	State:	Zip:		То:	
Address:				From:	
City:	State:	Zip:		То:	

Address:		From:		
City:	State: Zip:	To:		
	BACKGROUND INFORMATION			
contender committe	ad the following section carefully and thoroughly. You should include any re (no contest), but omit: traffic fines of \$300.00 or less; any violation of law cord before your 18 th birthday if finally decided in juvenile court or under a Youth couth Corrections Act or similar State law; and any conviction whose record was	nmitted before your 16 th birthday; any violation Offender law; any conviction set aside under the		
1.	Have you ever been arrested for or charged with a crime involving a child? If yes, use the additional space section at the end of this application to provide the date, explanatio of the arrest or charge, place or occurrence and the name and address of the police department or compared to the provided that the same and address of the police department or compared to the provided to the provided that the p			
2.	Have you ever been arrested for or charged with a crime or been found guilt of <i>nolo contendere</i> or guilty to any offense under Federal, State, or Tribal laviolence, sexual assault, molestation, exploitation, or other crimes against per lf yes, use the additional space section at the end of this application to provide the date, explanation of the arrest or charge, place or occurrence and the name and address of the police department or contended.	aw involving crimes of cons? n of the violation, disposition		
3.	During the last ten (10) years, have you been convicted, been imprisoned, been on parole? (Include felonies, firearms or explosive violations, misder offenses.) If yes, use the additional space section at the end of this application to provide the date, explanatio of the arrest or charge, place or occurrence and the name and address of the police department or or	neanors, and all other n of the violation, disposition		
4.	Have you been convicted by a military court-martial in the past ten (10) years: If yes, use the additional space section at the end of this application to provide the date, explanatio of the arrest or charge, place or occurrence and the name and address of the police department or o	n of the violation, disposition		
5.	Do you have charges pending against you currently for any violations of law? If yes, use the additional space section at the end of this application to provide the date, explanatio of the arrest or charge, place or occurrence and the name and address of the police department or compared to the provided that the same and address of the police department or compared to the provided that the same and address of the police department or compared to the provided that the same and address of the police department or compared to the provided that the same and address of the police department or compared to the provided that the same and address of the police department or compared to the provided that the same and address of the police department or compared to the provided that the same and the provided that the provided that the same and the provided that t			
6.	Have you ever been charged or been found guilty of, or entered a plea of not to any offense involving financial misconduct? If yes, use the additional space section at the end of this application to provide the date, explanation the charge, place or occurrence and the name and address of the police department or court involved.	n of the violation, disposition		
7.	During the last five (5) years, have you been fired from any job for any reason being told that you would be fired, have you left a job by mutual agreement problems, or have you been debarred from Federal, State or Tribal employmagency and/or Tribe? If yes, use the additional space section at the end of this application to provide the date and explain employment.	on, have you quit after ent because of specific ent by such respective		
8.	Are you delinquent on any Federal debt? (Include delinquencies arising overpayment of benefits, and other debts to the U.S. Government, such as guaranteed or insured loans such as student and home mortgage loans.) If yes, use the additional space section at the end of this application to provide the date and explidebt related to the question.	defaults on Federally		
9.	Are you delinquent on any court ordered child or spousal support? If yes, use the additional space section at the end of this application to provide the date and expl. debt related to the question.	anation of any occurrence or		
10.	Are you delinquent on any rent or housing payment, whether to QHA, anothe a private party? If yes, use the additional space section at the end of this application to provide the date and expl debt related to the question.			
ADDITIONAL INFORMATION				
When pro	viding additional information, please list the number of the question to which y	ou are responding.		

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.

	ployment is true, correct, and complete. If employed, any lure of a pre-employment drug screening may result in my		
I hereby consent to any required background investigations, history, and authorize QHA to contact entities possessing info	whether relating to criminal offenses, credit, or employment rmation relevant to such records and references listed above.		
APPLICANT SIGNATURE	DATE		
Confidential / office use only:			

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: Scheduled for interview on:				

Quechan Housing Authority

1860 W. Sapphire Lane Winterhaven, California 92283

(760) 572-0243 Fax (760) 572-0245

Disclosure of Intention to Obtain Consumer Report for Employment Purposes

In accordance with The Fair Credit Reporting Act Section 604 (b) (2) (A) a company may obtain a credit report on all individuals who apply for employment, are current employees, or for retention of employment.

I understand that, as a condition of my consideration for employment with QHA, QHA may obtain a consumer report that includes, but is not limited to, my credit history or similar characteristics, employment and education verifications, social security verification, criminal, and civil history, Department of Motor Vehicle records, any other public records, and any other information bearing on my credit standing or credit capacity.

I understand that, pursuant to the Federal Fair Credit Reporting Act, QHA, will provide me with a copy of any such report if the information contained in such report, is in any way, to be used in making a decision regarding my fitness for employment with QHA. I further understand that such a report will be made available to me prior to any such decision being made.

Today's date:		-		
l,		authorize	Quechan	Housing
Authority (QHA) to run a com	nplete BACKGROUND SCREENING SEARCH , w	vhich may incl	lude a <u>CREDIT</u>	REPORT.
Applicant Signature	Social Security Number	Date	of Birth	

Quechan Housing Authority

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Certification of Tribal Affiliation

Form 510 S:

To establish eligibility for Native American Preference for employment with the Quechan Tribally Designated Housing Entity, complete this form and submit with your application for employment.

This is to certify that the person named below is a member of the tribe indicated below.				
Full Name	Date of Birth			
Enrollment Number	Tribal Affiliation			
I certify that t	the above information is correct to the best of my knowledge.			
Date	Enrollment Officer/Tribal Representative			
	Or (BIA Representative)			