

SHOSHONE TRIBE Employment

Application

Send Application To:

P.O. Box 538

Fort Washakie, WY 82514 ATTN: Human Resource Dept.

(307) 332-2005 #160

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY								
PERSONAL PLEASE PRINT OR TYPE		DATE						
Name(MISS □	MS MRS. MR.	Social Security Number						
Address		_ City, State, Zip						
Type of License		Driver's License Number						
Telephone Number		Message, Telephone Number						
Date of Birth		_ Sex						
Are You An Enrolled Member	r?	Non-Enrolled Member?						
Tribal Affiliation								
Part Time	e 🗌 Reserve 🗆	POSITIONS APPLIED FOR: 1 2 3 4 Have You Ever Been Employed Here Before?						
(Base Pay)		☐ Yes ☐ No Dates						
Are You Employed Now? If So, May We Contact Your Employer?								
Referral Source: Advertisement Employment Agency School	EmployeeSelfOther	Name of Referral Source:						
Do You Have An Immediate Relative Working In The Department You Are Applying For?								
☐ Yes ☐ No Nam	e	Relationship						
Have You Ever Been Convicted of an Offense Other Than A Minor Traffic Violation If Yes Give Date, Place, Offense and Disposition of Each Previous Convictions Do Not Exclude an Applicant From Employment								
Your Application Will Be Retained In Personnel Department For One Year.								

EDUCATION / TRAINING	ne and Location of School		Attended	Attended		No	Field
High School							
College							
Trade/Business Or Other							
Subjects Of Special Study: Specify Skills:							
Indicate License Or Certification: Clerical Skills: Typing Speed: Computer Experience:	Shorthand	:	_				
EMPLOYMENT HISTOR	Y						
EMPLOYMENT HISTOR		Dates To	_	Work	Perfori	med	
				Work	Perfori	med	
nployer	From Hrly. F	To Rate/Salary		Work	Perfori	med	
nployer	From	То		Work	Perfori	med	
nployer Idress and Phone #	From Hrly. F	To Rate/Salary		Work	Perfori	med	
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Se	ervice Branch	Date Entered	Date Discharged	Rank Attained	Specialty							
Sp	ecial Training		Honora	able Discharge - Yes	No							
	DEFEDENCES	,										
	REFERENCES											
	List Names And Addres		sons Not Relate Address		ess/Title Phone							
1.												
2.												
1				.!								
	State Additional Comm	ents You Feel May	Be Helpful In Co	onsidering Your A	pplication.							
	AFFIDAVIT Authorization is herely	ov given Shoshone Tr	ibe to request for a	any information ne	cessary as provided in this							
	Authorization is hereby given Shoshone Tribe to request for any information necessary as provided in this application. I also authorize and request every person, firm, employers, schools, and any other organizations											
	referred to in this application to provide such information. I hereby release such persons, firms, previous employers, schools, and any other organization and the Shoshone Tribe, from any and all liability whatsoever											
	resulting from the release of this information.											
	I certify that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that misrepresentation or admission of facts called for in this application is cause for rejec-											
	tion of the application or separation from the Shoshone Tribe if I have been employed.											
	I have given this application true and correct information to the best of my knowledge which is necessary in arriving at an employment decision.											
	Signature		Date	5								
					in Human Dignity prevails							
					nd treatment. No person is gout of employment given							

or withheld because of race, creed, color, or national origin, or because of age or sex. The Shoshone Tribe is

an Affirmative Action employer in the hiring of Veterans, Handicapped and Indian Preference.