



Yerington Paiute Tribe  
171 Campbell Lane  
Yerington, Nevada 89447  
Phone: 775-463-3301  
Fax: 775-463-2416

## Application Packet

In order for your application to be considered complete, the following information is required:

- Completed Application.
- A copy of your high school diploma or equivalency.
- Copies of relevant completed training, licensure, or certifications.
- A copy of your Nevada DMV driving record.
- I understand I am responsible for the cost of providing any of the above documents.
- I further understand I will not be contacted by any Human Resources staff for any missing information.

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Signature

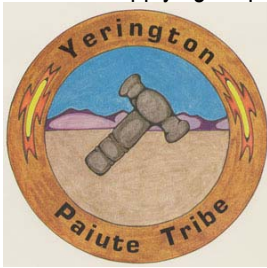
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Date

# Application for Government Employment

You must complete the entire application to be considered. Do not use "see resume" as a substitute for information. You may attach a resume but only the information provided in the application will be considered for employment with the YPT.

Persons applying for positions in Child Care, Elder Care, and Law Enforcement will be subject to a complete background check.



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Date Received:  
For official use only

Print or type legibly below information

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

Name: \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
No. Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you eligible for employment in the US? \_\_\_\_\_ Email Address \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_ Type of transportation \_\_\_\_\_ Foreseeable Transportation Problems: \_\_\_\_\_

➤ ➤ **Position you are applying for:** \_\_\_\_\_ **Rate of pay expected:** \_\_\_\_\_

Would you prefer full-time \_\_\_\_\_ Part Time \_\_\_\_\_ On call \_\_\_\_\_ Hours preferred \_\_\_\_\_

Specify days and hours if part-time: \_\_\_\_\_

Have you ever been employed by us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Do you have any other experience, skills and/or qualifications you feel would qualify you for work with the Tribe and the position for which you are applying? \_\_\_\_\_

Do **NOT** write "SEE ATTACHMENTS". Fill in blanks completely and attach copies of "diploma, or GED"

School Name/Address of School	Course of Study	Circle Last Year Completed	Did you Graduate?	List Diploma or Degree
High School		1 2 3 4		
College		1 2 3 4 5 6 7 8		
Other (Specify)				

Failure to follow instructions and provide the proper documents may result in disqualification of your application.

Only information contained in this application will be considered – do not fill in “See resume”!

List below all present and past employment, beginning with your most recent:

Name and Address of Company And Telephone:	From	Hours Per WK:	Starting Wage	Ending Wage	Reason for leaving	Name of Supervisor
	To					
	Job Title:					
	Describe the work you did:					
( )						

Name and Address of Company And Telephone:	From	Hours Per WK:	Starting Wage	Ending Wage	Reason for leaving	Name of Supervisor
	To					
	Job Title:					
	Describe the work you did:					
( )						

Name and Address of Company And Telephone:	From	Hours Per WK:	Starting Wage	Ending Wage	Reason for leaving	Name of Supervisor
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( )						

Name and Address of Company And Telephone:	From	Hours Per WK:	Starting Wage	Ending Wage	Reason for leaving	Name of Supervisor
	To					
	Job Title:					
	Describe the work you did:					
( )						

Please explain any gaps in employment history:

\_\_\_\_\_

Is there any employer(s) you do not wish us to contact? \_\_\_\_\_ If yes, please indicate which one(s):

\_\_\_\_\_

\_\_\_\_\_

PERSONAL REFERENCES (Not relatives)

Name	Address	Phone Number (Area Code)	Year Acquainted
1.			
2.			
3.			

MILITARY SERVICE RECORD

Were you in the US Armed Forces?  Yes  No If yes, which Branch? \_\_\_\_\_

Did you receive any training in the US Armed Forces that is relevant to the position for which you are applying?  Yes  No

If yes, please describe:

\_\_\_\_\_

PREVIOUS ADDRESSES:

Street City State Zip How long did you live there?

Street City State Zip How long did you live there?

Have you ever been bonded  Yes  No If yes, for which job(s)? \_\_\_\_\_

Have you ever been convicted of a crime, including misdemeanors, in the past ten years? \_\_\_\_\_ If yes, please describe? Include any convictions that have been expunged, provide a copy of the Court Record.

\_\_\_\_\_

List any relatives working for the Yerington Paiute Tribe: \_\_\_\_\_

\_\_\_\_\_

Summarize any additional experience or skills you have: \_\_\_\_\_

\_\_\_\_\_

Are you a Native American? \_\_\_\_\_ If yes, what is the name of the Tribe with which you are enrolled? \_\_\_\_\_

\_\_\_\_\_

PLEASE READ AND SIGN

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on my application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the Tribe in any way if the Tribe decides to employ me. You are hereby authorized to make any investigation of my personal history or background check through any investigative agency or bureau. I understand if I am interested in another job vacancy I must complete a separate application for each position.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## AUTHORIZATION FOR RELEASE OF INFORMATION

APPLICANT'S NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DRIVERS LICENSE NO: \_\_\_\_\_ STATE ISSUED \_\_\_\_\_

I \_\_\_\_\_, GIVE MY CONSENT TO THE YERINGTON PAIUTE TRIBE TO VERIFY ANY INFORMATION WHICH WOULD BE NEEDED FOR EMPLOYMENT WITH THE YERINGTON TRIBE OR A FACILITY FOR WHICH THE YERINGTON TRIBE IS A LICENSING AGENT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IF THE ABOVE PERSON IS UNDER THE AGE OF 18 YEARS, A PARENT OR GUARDIAN SIGNATURE IS REQUIRED

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE