



# Fort McDowell Yavapai Nation Application for Employment

P.O. Box 17779  
Fountain Hills, Arizona 85269  
Phone 480-816-7118 • Fax 480-816-0419

## PERSONAL DATA (Please Print or Type)

\_\_\_\_\_  
Social Security Number (Optional)

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Message Phone

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

Address \_\_\_\_\_  
City State Zip Code

At what telephone number may we contact you during business hours? \_\_\_\_\_  
Area Code Phone No.

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you claiming Indian Preference? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, State Tribal Affiliation \_\_\_\_\_ Roll No. \_\_\_\_\_

## POSITION DESIRED (Check all that Apply)

Full-Time     Part-Time     Temporary     Summer Only     Rotation (all shifts)

Specify day and hours available \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Salary Requirements: \_\_\_\_\_

Applicable current professional certification(s) or licensure(s) / State: \_\_\_\_\_

Will family/relatives be your immediate supervisor for this position? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, List name \_\_\_\_\_

## REFERENCE CHECKS

List three (3) references that are not relatives or previous employers:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

How were you referred to Fort McDowell Yavapai Nation? Check all that apply

Self Referred     Friend     Relative     FMYN Employee     Advertisement (Specify) \_\_\_\_\_  
 Agency     Job Fair (Location)

Have you previously been employed by the Fort McDowell Yavapai Nation or Enterprise? When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you previously applied for employment at Fort McDowell Yavapai Nation? Position? \_\_\_\_\_ When? \_\_\_\_\_

**CAREER OBJECTIVES**

Describe your career goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

List all relevant work experience. Begin with your most recent position. Attach additional pages if more space is needed.

Do we have your permission to contact your present employer?  Yes  No

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_ Salary \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Your Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_ Salary \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Your Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_ Salary \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Your Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_ Salary \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Your Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_ Salary \_\_\_\_\_ Hours per Week \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Your Title \_\_\_\_\_ Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

		Number of years Completed	Major	Graduate? Yes or No?	Type of Degree or Diploma
High School	Name		<b>N/A</b>		
	Address				
Trade School or College	Name				
	Address				
	Name				
	Address				
	Name				
	Address				

Job Applicable continuing education, seminars, workshops, etc., \_\_\_\_\_

\_\_\_\_\_

Job Applicable professional memberships and activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CRIMINAL OFFENSES

Have you ever been arrested for, convicted of, forfeited bond for, or pleaded *nolo contendere* (no contest) or guilty to, **any felony offenses** under Federal or Arizona law or similar charges under the laws of any other jurisdiction:

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Have you ever been arrested for, convicted of, forfeited bond for, or pleaded *nolo contendere* (no contest) or guilty to, **any felony offenses** under Federal or Arizona law or similar charges under the laws of any other jurisdiction:

**any crime of violence**  
**unlawful sexual contact**  
**crime against persons**

**sexual assault**  
**prostitution**  
**DUI**

**sexual molestation**  
**sexual exploitation**  
**drug or alcohol related offense**

Have you ever been arrested for, convicted of, forfeited bond for, or pleaded *nolo contendere* (no contest) or guilty to, **any felony offenses** under Federal or Arizona law or similar charges under the laws of any other jurisdiction:

**embezzlement**  
**theft**

**money laundering**  
**any crime where money or property were taken**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If you answered yes to any of the above please provide the date, exact offense, and name of the court below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**AUTHORIZATION TO RELEASE INFORMATION**

I have filed an application for employment with the Fort McDowell Yavapai Nation. I understand that the qualifications for some employment positions require a thorough background investigation including, but not limited to: criminal history, previous employment, professional or other licensing, registration or certification, credit history, financial information and character.

I hereby authorize and request all persons, business entities, governmental departments and agencies, and courts to whom this authorization and request is presented having information relating to or concerning me to furnish such information to a duly appointed representative of the Fort McDowell Yavapai Nation solely for the purpose of determining eligibility for employment with the Fort McDowell Yavapai Nation, whether or not such information would otherwise be protected from disclosure by a constitutional, statutory, or common law privilege.

I hereby authorize and request all persons, business entities, governmental departments and agencies, and courts to whom this authorization and request is presented having documents relating to or concerning me to permit a duly appointed representative of the Fort McDowell Yavapai Nation to review and obtain copies of all such documents solely for the purpose of determining eligibility for employment with the Fort McDowell Yavapai Nation, whether or not such information would otherwise be protected from disclosure by a constitutional, statutory, or common law privilege.

I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person whom this authorization and request is presented, and his agents and employees, from all actions, causes of actions, suits, debts, judgments, executions, claims and demands whatsoever known and unknown in law or equity, which I ever had, now have, may have, or claim to have against any person to whom this authorization and request is presented or his agents or employees, arising out of or by reason of complying with this authorization and request.

I agree to indemnify and hold harmless the person to whom this authorization and request is presented, and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of, or by reason of, complying with this authorization and request.

A reproduction of this authorization and request by photocopy or similar process shall be, for intents and purposes, as valid as the original.

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

**CONDITION OF CONSIDERATION FOR EMPLOYMENT**

I certify that the information provided herein is true and complete to the best of my knowledge. If employed, I understand that false and misleading information given in my application or interview may result in termination of employment. I also authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

I understand that an employment offer is contingent upon successful completion of any pre-employment medical examinations requested by the Fort McDowell Yavapai Nation. I further understand that any condition that may preclude my ability to perform the essential functions of job and such condition cannot be reasonably accommodated will disqualify me from consideration for employment in the job for which I applied. If employed, I also authorize Fort McDowell Yavapai Nation to conduct investigations as required for this position.

I understand that specific positions at Fort McDowell Yavapai Nation may require me to provide evidence of an acceptable driving record and a valid Arizona Driver's license.

I agree to submit to a Pre-employment drug test according to Fort McDowell Yavapai Nation Policy. If employed, I agree to submit to random drug testing as directed by the Fort McDowell Yavapai Nation Human Resources and I understand that evidence of illicit drug use or abuse may result in suspension and/or discharge.

I understand that employment at Fort McDowell Yavapai Nation is "at will" meaning that employment may be terminated at anytime by either party.

I understand that all conditions of employment including but not limited to hours, benefits, and salary are subject to change by Fort McDowell Yavapai Nation at anytime.

I understand the Fort McDowell Yavapai Nation is a smoke-free work environment and smoking is prohibited in all designate non-smoking property owned, leased or operated by Fort McDowell Yavapai Nation including vehicles, buildings, grounds, etc.

If employed, I agree to abide by all policies, regulations, and guidelines established by Fort McDowell Yavapai Nation.

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