****

ERSONAL INFORI\,IATION - Incomplete In ormation Could Dkqual

ify You from Further Lonsideration

T

I

T

:

I

***TRIBAL PREFERENCE/OTHER:*** If claiming Tribal Preference, check beside what applies and provide enrollment number:

Enrolled member of Mescalero Apache Tribe ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliate: Yes\_\_\_\_\_ No\_\_\_\_\_

Enrolled member of another Native American Tribe ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible to work in the US? Yes\_\_\_\_\_ No\_\_\_\_\_ Are you 18 years or older? Yes\_\_\_\_ No\_\_\_\_

Have you been convicted of a felony? Yes\_\_\_ No\_\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been convicted of a misdemeanor in the last 7 years? (This includes Traffic Violations) Yes\_\_\_ No\_\_\_

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SPECIALIZED SKILLS:***

Are you computer knowledgeable experienced? Yes\_\_\_\_ No\_\_\_\_\_

Rate your computer experience: Beginner\_\_\_\_ Proficient\_\_\_\_ Excellent\_\_\_\_

If yes, which computer software can you work with: MS Word\_\_\_\_ MS Excel\_\_\_\_ MS Power-Point\_\_\_ MS Outlook\_\_\_

Which office equipment can you operate? FAX\_\_\_ Copier\_\_\_\_Scanner\_\_\_ List other software\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 APPLICATION FOR EMPLOYMENT

108 Central Avenue-Mescalero, NM 88340

Phone: 575-464-4494

 Email: hresources@mescaleroapachetribe.com

 Mescalero Apache Tribe

Salary/Hourly Rate desired:$\_\_\_\_\_\_\_\_\_\_\_\_ HIigh School Diploma: Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Are you currenty employed? Yes\_\_\_\_\_\_ No\_\_\_\_ If so, may we contract your present employer? Yes\_\_\_ No\_\_\_

Have you ever worked for the Mescalero Apache Tribe before? Yes\_\_\_\_ No\_\_\_\_ From\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_

Are you able to perform the essential functions of the job? Yes\_\_\_\_ No\_\_\_\_

Do we need to provide reasonable accommodation? Yes\_\_\_\_\_ No\_\_\_\_\_

Were you ever terminated from employment? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PERSONAL INFORMATION- Incomplete Information Could Disqualify You from Further Consideration***

*MAT uses this application to determine if the applicant is qualified, therefore, be specific regarding qualifications and include documents that confer the highest level of education, certifications, and licenses and resume if applicable. Applications must be filled out thoroughlyand completely to be considered for a position.*

***EMPLOYMENT DESIRED***

|  |  |
| --- | --- |
| FIRST MI LAST | DATE: |
| Address: | City. State Zip Code |
|  Email: | Home Ph.: Mobile: |
| NM State ID: Yes\_\_\_\_ No\_\_\_\_\_Valid Driver’s License: Yes \_\_\_\_ No \_\_\_\_ | State Issue:\_\_\_\_\_\_\_\_\_\_ |  License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

TRIBE:\_\_\_\_\_\_ MCC:\_\_\_\_\_ ENTERPRISES:\_\_\_\_\_\_\_ MATI:\_\_\_\_\_(if applicable) VETERAN:\_\_\_\_\_

Position(s)/Job(s)desired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

EIUPLOYN{ENI DESIRED

|  |  |  |
| --- | --- | --- |
| From To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone Number: |
|  |
| Job Title: | ADDRESS |
|  |  |
|  | Briefly summarize the nature of your job responsibilities: |
| HOURLY Rate: | REASON FOR LEAVING |
|  |  |
|  From To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone Number: |
|  |
| Job Title: | ADDRESS |
|  |  |
| IMMEDIATE SUPERVISOR: | Briefly summarize the nature of your job responsibilities: |
| HOURLY Rate: | REASON FOR LEAVING |
|  |  |
|  |  |

 FROM TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE NUMBER:

**Subjects Studied/Major**

**Degree Received**

**Years Attended**

**Name ancl Location of School**

**EDUCATION:**

**EMPLOYMENT HISTORY (Most Recent to Past Seven (7)Yrs): Include last seven years of employment starting with the most recent. *Incomplete information could disqualify you from further consideration.***

|  |
| --- |
|  |
| High School |  |  |  |  |
| College of University |  |  |  |  |
| Trade, BusinessOr Correspondence School |  |  |  |  |

JOB TITLE: ADDRESS

|  |  |  |
| --- | --- | --- |
| From To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone Number: |
|  |
| Job Title: | ADDRESS |
|  |  |
| IMMEDIATE SUPERVISOR: | Briefly summarize the nature of your job responsibilities: |
| HOURLY Rate: | REASON FOR LEAVING |
|  |  |
|  From To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone Number: |
|  |
| Job Title: | ADDRESS |
|  |  |
| IMMEDIATE SUPERVISOR: | Briefly summarize the nature of your job responsibilities: |
| HOURLY Rate: | REASON FOR LEAVING |
|  |  |
|  |  |

 

I

This form complies with Mescalero Apache Tribe’s equal employment policy and is subject to the Indian Preference Act. Native American Preference applies pursuant to the prevailing Tribal Council ordinances, The Indian Self-Determination and Education Assistance Act 24 U.S.C. 450, et seq.) 25CFR 271.44, and other relevant laws and programs requirements.

The Mescalero Apache Tribe will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person’s physical or mental disability. The Mescalero Apache Tribe will make reasonable accommodation wherever necessary for all employees or applicants with disabilities with respect to any terms, privileges or conditions of employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Siguirture Date

I understand that the completion of the application nor any other part of my consideration for employment establishes any obligation for the Mescalero Apache Tribe to employ me. If I am employed. I understand that either the Mescalero Apache Tribe or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Mescalero Apache Tribe has the authority to make any assurance to the contrary.

I attest with my signature below that, the information I have given to the Mescalero Apache Tribe, Human Resource Department is true and complete information on this application. No requested information has been concealed. I authorize the Mescalero Apache Tribe to contact references provided for employment that this will constitute cause for the denial of employment or immediate dismissal.

!l ***PLEASE READ BEFORE SIGNING***

***REFERENCES: Give the names of three persons not related to you, whom you have known at least three (3) years***:

Yrs Aquainted

Company

Address, Telephone. EmaiI

Name

Give the names ol-thlee

I

Reused bv FIR or l() l0l lJ 4