



APPLICATION FOR EMPLOYMENT

Mescalero Care Center

464 Lipan Avenue
Mescalero, NM 88340
Phone: 575-464-4802 x226
Email: mcchr@mescaleroapachetribe.com

Date: _____

Position Applied For:

MCC uses this application to determine if the applicant is qualified. Please be specific and expansive regarding your qualifications and experience. Applications must be filled out as thoroughly and completely as possible to be considered for a position.

PERSONAL INFORMATION

First Name: _____ MI: _____		Last Name: _____	
Address: _____		City, _____	State _____ Zip Code _____
Email: _____		Home Ph.: _____ Mobile: _____	
NM State ID or; <input type="checkbox"/> Yes <input type="checkbox"/> No Valid NM Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No		State Issue: _____	Expiration Date & License #: _____

Start Date: _____
 _____ _____ _____ _____

Salary/Hourly Rate desired: \$ _____ High School Diploma: Yes No

Are you currently employed? Yes No

If so, may we contact of 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:

TRIBAL INFORMATION/OTHER: If requesting Tribal consideration, check the box below that 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 seven (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 operate? MS Word MS Excel MS Power-Point MS Outlook
 Other Program/Software list? _____

Which office equipment can you operate? Fax Copier Scanner

EDUCATION	Name of School and Location of School	No. of Yrs. Attended	Degree Received	Subjects Studied Major
High School				
College of University				
Trade, Business Or Correspondence School				

EMPLOYMENT HISTORY (Most Recent to First to Past 5-Years)

Include your last seven (5) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

1. From _____ To _____	Employer Name: _____	Telephone Number _____
Job Title: _____	Address: _____	
Immediate Supervisor _____	Briefly summarize the nature of your job responsibilities.	

Hourly Rate: _____	Reason for Leaving: _____	
2. From _____ To _____	Employer Name: _____	Telephone Number _____
Job Title: _____	Address: _____	
_____ Immediate Supervisor	Briefly summarize the nature of your job responsibilities.	
Hourly Rate: _____	Reason for Leaving: _____	
3. From _____ to _____	Employer Name: _____	Telephone _____
Job Title: _____	Address: _____	
_____ Immediate Supervisor	Briefly summarize the nature of your job responsibilities:	
Hourly Rate: _____	Reason for Leaving: _____	
4. From _____ To _____	Employer Name: _____	Telephone Number _____
Job Title: _____	Address: _____	
_____ Immediate Supervisor	Briefly summarize the nature of your job responsibilities.	
Hourly Rate: _____	Reason for Leaving: _____	

5. From _____ To _____	Employer Name: _____	Telephone Number _____
Job Title: _____	Address: _____	
Immediate Supervisor _____	Briefly summarize the nature of your job responsibilities.	
Hourly Rate: _____	Reason for Leaving: _____	

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

Name	Address, Telephone, Email	Company	Acquainted

Please read carefully before signing

I understand that the completion of this 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 reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Applicant Signature: _____

Date: _____

This form complies with the 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.