

# YOMBA SHOSHONE TRIBE

HC 61 Box 6275 Austin, Nevada 89310

Phone: (775) 964-2463

## Questionnaire/Application

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Location: \_\_\_\_\_

Your Mailing Address: (All correspondence will be sent to this address)

\_\_\_\_\_  
Street / P.O. Box                      City                      State                      Zip Code

\*All sections must be filled out or your application will not be considered,  
due to it being incomplete. If a section does not apply to you  
please mark N/A (Not Applicable.)

**PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH ADVERTISED VACANCY**

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**Notice to Applicant:** The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a criminal record check will be conducted as a condition of employment.

<b>1. Full Name</b>					
Last Name	First Name	Middle Name	Jr., II, etc.	E-Mail	
<b>2. Other Names Used</b> – Maiden name, from a former marriage, alias(s), or nicknames(s).					
Name					
<b>3. Telephone Number</b>		<b>4. Social Security No.</b>			
<b>Drivers License Number</b>	State	Exp. Date	Lic. Number:		
<b>5. Residence</b> – List where you have lived, beginning with the most recent and working back 7 years. All periods in the last 7 years must be accounted for in your list. Add additional pages if necessary.					
Month/Year	Month/Year	Street Address	City	State	Zip Code
1)	TO				
Month/Year	Month/Year	Street Address	City	State	Zip Code
1)	TO				
Month/Year	Month/Year	Street Address	City	State	Zip Code
1)	TO				
Month/Year	Month/Year	Street Address	City	State	Zip Code
1)	TO				
<b>6. Residence on an Indian Reservation:</b> List any Indian Reservations in which you have lived or worked in the last 7 years.					
<b>7. Place of Birth</b>					
City		State		County	
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No					
(Proof of US citizenship or immigration status will be required upon employment)					
Date available for work: _____					
Type of employment desired? <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary					
Have you ever been discharged from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain: _____					
_____					
_____					
Desired Salary? _____ Per _____					



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## 8. Educational Background

A. Please list the schools you attended. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major and Minor field of study (if applicable)

A. School	B. No. Years Completed	C. Degree/Diploma	D. GPA/Class Rank	E. Major/Minor
High School				
College or University				
Graduate School				
Technical School				

Computer Literate: ☐ Yes ☐ No WPM \_\_\_\_\_

Please list computer programs/software you are familiar with:

Please list your office equipment knowledge (fax, copy, etc.):

**9. Employment** – List your employment activities, beginning with the present and working back. The time period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school."  
**\*Please attach additional pages in same format if necessary. \*REFERRAL TO RESUMES OR OTHER SUBMITTED DOCUMENTS UNDER EMPLOYMENT HISTORY IS NOT ACCEPTABLE. RESUMES MAY BE SUBMITTED AS ADDITIONAL INFORMATION ONLY.**

Month/Year	Month/Year	Employer Name	Position Title	
1)	TO			
Hourly Rate/Salary		May We Contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
\$ Per				
Employer Street Address		City	State	Zip Code
Supervisor's Name/Title		Telephone Number ( )	Other Employer Reference	Telephone Number ( )
Describe Duties		Reason for leaving		
Month/Year	Month/Year	Employer Name	Position Title	
2)	TO			
Hourly Rate/Salary		May We Contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
\$ Per				
Employer Street Address		City	State	Zip Code
Supervisor's Name/Title		Telephone Number ( )	Other Employer Reference	Telephone Number ( )

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Describe Duties		Reason for leaving	
Month/Year	Month/Year	Employer Name	Position Title
2)	TO		
Hourly Rate/Salary		May We Contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$	Per		
Employer Street Address		City	State Zip Code
Supervisor's Name/Title		Telephone Number ( )	Other Employer Reference Telephone Number ( )
Describe Duties		Reason for leaving	
Month/Year	Month/Year	Employer Name	Position Title
3)	TO		
Hourly Rate/Salary		May We Contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$	Per		
Employer Street Address		City	State Zip Code
Supervisor's Name/Title		Telephone Number ( )	Other Employer Reference Telephone Number ( )
Describe Duties		Reason for leaving	
Month/Year	Month/Year	Employer Name	Position Title
4)	TO		
Hourly Rate/Salary		May We Contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$	Per		
Employer Street Address		City	State Zip Code
Supervisor's Name/Title		Telephone Number ( )	Other Employer Reference Telephone Number ( )
Describe Duties		Reason for leaving	
Month/Year	Month/Year	Employer Name	Position Title
5)	TO		
Hourly Rate/Salary		May We Contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$	Per		



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Employer Street Address		City	State	Zip Code
Supervisor's Name/Title	Telephone Number (   )	Other Employer Reference		Telephone Number (   )
Describe Duties		Reason for leaving		
<b>10. Personal References</b> – List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. DO NOT list relatives or anyone who is listed elsewhere on this application.				
1) Name	Dates Known Month/Year    Month/Year to		Telephone Number  <input type="checkbox"/> Day  <input type="checkbox"/> Night (   )	
Home or Work Address	City	State	Zip Code	
2) Name	Dates Known Month/Year    Month/Year to		Telephone Number  <input type="checkbox"/> Day  <input type="checkbox"/> Night (   )	
Home or Work Address	City	State	Zip Code	
3) Name	Dates Known Month/Year    Month/Year to		Telephone Number  <input type="checkbox"/> Day  <input type="checkbox"/> Night (   )	
Home or Work Address	City	State	Zip Code	
Skills and qualifications: Please summarize your special skills and qualifications acquired from employment, military service or other experiences that may qualify you to work for the Yomba Shoshone Tribe:				
<b>Background Information</b> – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application.				
<b>11.</b> Have you <b>ever</b> been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00)  If "YES", use item 19 to provide <b>the date</b> , explanation of violation, place of occurrence, and the name and address of the police department or court involved.			YES	NO
<b>12.</b> Have you <b>ever</b> been convicted by a military court-martial?  If "YES", use item 19 to provide <b>the date</b> , explanation of violation, place of occurrence, and the name and address of the police department or court involved.			YES	NO
<b>13.</b> Are you now under charges for any violation of law?  If "YES", use item 19 to provide <b>the date</b> , explanation of violation, place of occurrence, and the name and address of the police department or court involved.			YES	NO

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<p><b>14. Have you <b>ever</b> been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?</b></p> <p>If "YES", use item 19 to provide <b>the date</b>, explanation of the problem, reason for leaving, and the employer's name and address.</p>	YES	NO
<p><b>15. Have you <b>ever</b> been arrested for or charged with a crime involving a child?</b></p> <p>If "YES", use item 19 to provide <b>the date</b>, explanation of the violation, disposition of the arrest(s) or charges(s), place of occurrence, and the name and address of the police department or court involved.</p>	YES	NO
<p><b>16. Have you <b>ever</b> been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?</b></p> <p>If "YES", use item 19 to provide <b>the date</b>, explanation of the violation, disposition of the arrest(s) or charges(s), place of occurrence, and the name and address of the police department or court involved.</p>	YES	NO
<p><b>17. In the last 5 years have you <b>illegally</b> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or <b>illegally</b> used prescription drugs?</b></p> <p>If "YES", use item 19 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.</p>	YES	NO
<p><b>18. Have you <b>ever</b> been involved in the illegal purchase, manufacture, trafficking, production transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?</b></p> <p>If "YES", use item 19 to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.</p>	YES	NO
<p><b>19. Use this space to provide explanations to any questions you may have answered "YES" on this questionnaire.</b></p>		

**\*\* Applications may be submitted to the Tribal Administrator at the Tribal Admin Building.**



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## INDIAN PREFERENCE

YES

NO

Are you a Native American?

☐☐

Percentage: \_\_\_\_\_

If yes, please specify your tribe: \_\_\_\_\_ Roll Number \_\_\_\_\_

**If yes, you MUST attach a copy of your tribal document or ID card demonstrating proof of eligibility.**

***\*Without a copy of your tribal verification, no preference points will be awarded nor will you be considered for positions posted for Tribal members.***

### Certification that my Answers are True

My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.

Applicant's initials \_\_\_\_\_

Date \_\_\_\_\_

I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the Yomba Shoshone Tribe and my rights to challenge the accuracy and completeness of any information contained in the report.

Applicant's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

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## Authorization for Release of Information

I authorize any investigator. Or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information,. This information may include, but is not limited to, my academic, residential, achievement performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **Yomba Shoshone Tribe**, who is conducting my background investigation, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children, I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by **Yomba Shoshone Tribe**, only for the purposes of determining my suitability for employment with the **Yomba Shoshone Tribe**.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the **Yomba Shoshone Tribe**, whichever is sooner.

Signature (sign in black ink)		Printed Name		Date Signed	
Other Names Used				Social Security Number	
Drivers License Number and Expiration Date				State Issued	
Current Address	State	Zip Code	Primary Contact Number (   )	Secondary Contact Number (   )	

Position for which you are being investigated: \_\_\_\_\_

Expiration of this Authorization of Release: \_\_\_\_/\_\_\_\_/\_\_\_\_