



Greenville Rancheria

Greenville Office
 P.O. Box 279/410 Main
 Greenville, CA 95947
 Phone (530) 284-7990 Fax (530) 284-6612

Red Bluff Office
 1425 Montgomery Road
 Red Bluff, CA 96080
 Phone (530) 528-8600 Fax (530) 528-8612

EMPLOYMENT APPLICATION

Location [check one] Greenville Red Bluff

Position for which applying
PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE):	
PRESENT ADDRESS:	
CONTACT PHONE NUMBERS Best time to contact you (circle one): AM PM After 6PM	
HOME ()	WORK () CELL ()
WHEN CAN YOU START IF OFFERED A POSITION?	SALARY DESIRED:
ARE YOU CURRENTLY EMPLOYED?	MAY WE CONTACT YOUR CURRENT EMPLOYER?
ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, CAN YOU FURNISH PROOF OF ELIGIBILITY TO WORK IN THIS COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/> ARE YOU NATIVE AMERICAN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE PROVIDE COPY OF THE TRIBAL ENROLLMENT OR BLOOD CERTIFICATE AS AN ATTACHMENT, INDIAN PREFERENCE APPLIES TO ALL POSITIONS UNDER TITLE 25, SECTION 472 AND 473	

EDUCATION:

SCHOOL	NAME AND LOCATION	GRADUATED	MAJOR SUBJECT	GPA
GRAMMAR SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE/UNIVERSITY		<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER (SPECIFY)		<input type="checkbox"/> YES <input type="checkbox"/> NO		

REFERENCE: THREE PERSONS NOT RELATED TO YOU AND THAT YOU HAVE NOT WORKED FOR WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS/PHONE NUMBER	BUSINESS	YEARS ACQUAINTED

FORMER EMPLOYERS: STARTING WITH YOUR MOST RECENT INCLUDING THE PREVIOUS 5 YEARS.
 (Account for any gaps in employment; attach sheets as necessary)

DATE, MONTH & YEAR	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		

OTHER INFORMATION (add additional sheets if needed):

SUBJECTS OF SPECIAL STUDY OR RESEARCH:
SPECIAL TRAINING AND/OR LICENSES (EXAMPLE: CPR CERTIFICATE, TRANSCRIPTION AND/OR TYPING/KEYBOARDING, HAZ/MAT TRAINING, ETC.):
ACTIVITIES (CIVIC, ATHLETIC, ETC.):
HAVE YOU HAD ANY JOB RELATED TRAINING IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:
HAVE YOU EVER APPLIED TO WORK WITH OR WORKED FOR THE RANCHERIA BEFORE? IF SO, WHEN AND WHERE?
HOW DID YOU LEARN ABOUT THIS OPPORTUNITY? (Who referred you to GR?)

The following information is provided voluntarily as part of the application process: this data, and proof of eligibility to work in this country, will be required on hire:

SOCIAL SECURITY NUMBER:	DATE OF BIRTH:
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PLEASE READ BEFORE SIGNING
CERTIFICATION AND RELEASE

The Greenville Rancheria is a drug free workplace. All potential employees are required to pass a pre-employment drug screening, as outlined in the Greenville Rancheria Drug and Alcohol Free Workplace Policy. Once hired, employees will be fingerprinted for background checks. Employment with the Greenville Rancheria will be contingent and subject to a positive background check and clearance.

In completing this application and signing below, the applicant authorizes investigation of all statements contained herein (including any attachments). I declare under penalty and perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and accompanying attachments are true and correct.

I, _____, agree that any misinformation or omission of material facts herein or failure to complete all requirements of the Greenville Rancheria hiring process will cause forfeiture on my part of all rights to employments with the Greenville Rancheria.

Signature

Date

This is a separate sheet to be attached to the application as a checklist depending upon the position for which you are applying.

ATTACHMENTS [Please provide the following additional documentation depending on the position for which you are applying.]:



Resume if you have one.



If the position for which you are applying requires a current Driver's License please provide a copy of your license and a current DMV printout.



If the position for which you are applying requires a professional license, and/or certification (example: Certified Medical Assistant, Dentist, LCSW, etc.), please provide a copy of your license or certificate.



Has your license ever been suspended, revoked or cancelled? If so, explain on an attached sheet of paper.



If you are applying for a position where you would be writing prescriptions please provide copy of your DEA certificate.