

**Middletown Rancheria  
Of Pomo Indians of California**

P.O. Box 1035  
Middletown, CA 95461  
Phone: 707.987.3670  
Fax: 707.987.9091

**Employment Application**

-Complete Entire Application-

Date \_\_\_\_\_

Name

\_\_\_\_\_

Last

First

Middle

Cellular Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Present Address \_\_\_\_\_

No.

Street

City

State

Zip

Permanent address if different from present address:

\_\_\_\_\_

No.

Street

City

State

Zip

**Are you a Tribal Member of Middletown Rancheria?**

\_\_\_ **YES** \_\_\_ **NO**

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

Regular Full-Time work? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Regular Part-Time work? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Temporary Work, e.g. summer or holiday work? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

If applying for temporary work, during what period of time are you available?

\_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

Are you available to work on weekends? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Would you be available to work overtime, if necessary? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

If hired on what date can you start work? \_\_\_\_\_

Salary range desired: \_\_\_\_\_

## Personal Information

Have you ever applied to or worked for **Middletown Rancheria** before? Yes\_\_\_ No\_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for **Middletown Rancheria**? Yes\_\_\_ No\_\_\_

If yes, state name(s) and relationship \_\_\_\_\_

Do you have a valid driver's license? \_\_\_ YES \_\_\_ NO

If hired, would you have a reliable means of transportation to and from work? Yes\_\_\_ No\_\_\_

Are you at least 18 years old? Yes\_\_\_ No\_\_\_

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes\_\_\_ No\_\_\_

Are you able to perform the essential functions of the job for which you are applying? Yes\_\_\_ No\_\_\_

If no, describe the functions that cannot be performed. \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? Yes\_\_\_ No\_\_\_

If no, describe the functions that cannot be performed. \_\_\_\_\_

Are you currently employed? Yes\_\_\_ No\_\_\_

If so, may we contact your employer? Yes\_\_\_ No\_\_\_

## Education, Training and Experience

School	Name and Address	No. of Years Completed	Did You Graduate?	Degree or Diploma
High School				
College/University				
Vocational/Business				
Health Care				

Do you speak, write or understand any foreign languages?      Yes\_\_\_ No\_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you suited for work at **Middletown Rancheria**? If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you possess a professional license or certification for anything?      Yes\_\_\_ No\_\_\_

If yes, please tell us what for,

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History

List below all present and past employment starting with your most recent employer (last 5 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

No.                      Street                      City                      State                      Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your position and Duties \_\_\_\_\_

\_\_\_\_\_

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

No.                      Street                      City                      State                      Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your position and Duties \_\_\_\_\_

\_\_\_\_\_

Date of Employment From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Note: Attach additional page(s) if necessary.

## **Military Service**

Have you obtained any special skills/abilities as the result of service in the military?

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

If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **References**

List below **three** persons not related to you, that we may contact and who have knowledge of your work performance within the last three years.

Name \_\_\_\_\_

Address \_\_\_\_\_

No.                      Street                      City                      State                      Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_      Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

No.                      Street                      City                      State                      Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_      Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

No.                      Street                      City                      State                      Zip

Occupation \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_      Number of Years Acquainted \_\_\_\_\_

Please submit your resume with application.



**Employee's Signature** \_\_\_\_\_      Date \_\_\_\_\_

Incomplete Applications will not be accepted.

## Equal Employment Opportunity Data

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: \_\_\_\_\_

Sex:                     Male             Female

Race/Ethnicity:       American Indian/Alaskan Native

Asian/Pacific Islander

Black

Hispanic

White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran

Disabled Veteran

Individual with a Disability

---

**To be completed by employer:**

EEO-1 Category:

1. Officials and managers

6. Crafts – Skilled

2. Professionals

7. Operatives – semi-skilled

3. Technicians

8. Laborers – unskilled

4. Sales

9. Service workers

5. Office and clerical

Employer information completed by:

Name \_\_\_\_\_ Date \_\_\_\_\_