

Uncle Buddy's Pumps
22223 S. Hwy 29 Rancheria Rd.
P.O. Box 1035
Middletown, CA 95461
Phone: 707.987.3670
Fax: 707.987.9091



Employment Application

-Complete Entire Application-

Date _____

Are you a Tribal Member of Middletown Rancheria? _____ YES _____ NO

Name _____

Last	First	Middle
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Cellular Telephone (____) _____ Home Telephone (____) _____

Present Address _____

No.	Street	City	State	Zip
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Permanent address if different from present address:

No.	Street	City	State	Zip
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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 **Uncle Buddy's Gas Pumps**? 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 _____

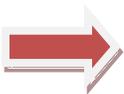
Address _____

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 _____