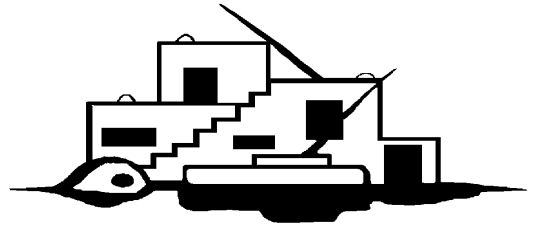


HOPI TRIBAL HOUSING AUTHORITY

APPLICATION FOR EMPLOYMENT



POSITION APPLYING FOR: _____
 (Note: Individual application required for each position)

EMPLOYEE INFORMATION

FULL LEGAL NAME _____ SOCIAL SECURITY NUMBER _____

CURRENT MAILING ADDRESS _____
 CITY STATE ZIP CODE

PREVIOUS ADDRESS _____ #yrs _____
 CITY STATE ZIP CODE

PREVIOUS ADDRESS _____ # yrs _____
 CITY STATE ZIP CODE

PHONE # _____ PHONE # _____ E-MAIL ADDRESS _____

E-MAIL ADDRESS _____ E-MAIL ADDRESS _____

VILLAGE AFFILIATION _____ HOPI TRIBE CENSUS NUMBER _____

TRIBAL AFFILIATION _____ TRIBAL CENSUS NUMBER _____

Date you can start work: _____

EDUCATION HISTORY

NAME & ADDRESS OF HIGH SCHOOL : _____

HIGH SCHOOL GRADUATION or GED CERTIFICATION DATE _____

HIGHEST GRADE COMPLETED _____

LIST NAME & ADDRESS OF COLLEGE/UNIVERSITY, TRADE, BUSINESS OR OTHER TRAINING SCHOOLS

NAME & ADDRESS	DATES ATTENDED	CREDIT HOURS EARNED	DEGREE OR CERTIFICATE	MAJOR SUBJECTS STUDIED

NOTE: Please provide a copy of your unofficial transcripts and diploma.

SPECIAL QUALIFICATIONS AND SKILLS

List any special skills (including typing & shorthand, wpm), hobbies, tools, and equipment you can operate, special licenses, or certificates and training or workshops attended.

List your work record for the last 10 years. Begin with your present of most recent experience and work your way backwards. If jobs held prior to 10 years ago relate to the position you are applying for, list those also. If you held more than one position within the same organization list each separately, i.e., military service. Resumes may be included but the application must be completed.

EMPLOYMENT HISTORY

JOB TITLE _____ STARTING SALARY _____
EMPLOYER'S NAME _____ FINAL SALARY _____
EMPLOYER ADDRESS _____
SUPERVISOR'S NAME & TITLE _____ TELEPHONE NUMBER _____
FROM _____ TO _____ REASON FOR LEAVING _____
WERE YOU A SUPERVISOR? YES / NO # OF EMPLOYEES SUPERVISED _____
DESCRIPTION OF DUTIES _____

EMPLOYMENT HISTORY

JOB TITLE _____ STARTING SALARY _____
EMPLOYER'S NAME _____ FINAL SALARY _____
EMPLOYER ADDRESS _____
SUPERVISOR'S NAME & TITLE _____ TELEPHONE NUMBER _____
FROM _____ TO _____ REASON FOR LEAVING _____
WERE YOU A SUPERVISOR? YES / NO # OF EMPLOYEES SUPERVISED _____
DESCRIPTION OF DUTIES _____

EMPLOYMENT HISTORY

JOB TITLE _____ STARTING SALARY _____
EMPLOYER'S NAME _____ FINAL SALARY _____
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JOB TITLE _____ STARTING SALARY _____
EMPLOYER'S NAME _____ FINAL SALARY _____
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EMPLOYMENT HISTORY

JOB TITLE _____ STARTING SALARY _____
EMPLOYER'S NAME _____ FINAL SALARY _____
EMPLOYER ADDRESS _____
SUPERVISOR'S NAME & TITLE _____ TELEPHONE NUMBER _____
FROM _____ TO _____ REASON FOR LEAVING _____
WERE YOU A SUPERVISOR? YES / NO # OF EMPLOYEES SUPERVISED _____
DESCRIPTION OF DUTIES _____

IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH A CONTINUATION SHEET TO THE HOPI TRIBAL HOUSING AUTHORITY APPLICATION FORM.

PERSONAL INFORMATION

1. Do you have a valid Driver's License? **YES** **NO**

License #: _____ Commercial Lic? Yes / No Expiration Date: _____

2. Have you previously been employed with the Hopi Tribal Housing Authority? **YES** **NO**

List reason for leaving: _____

3. Is any immediate family member employed with the Hopi Tribal Housing Authority? **YES** **NO**
(Immediate family member means husband, wife, brother, sister, father, mother, son, or daughter)

If yes, give name and relation _____

4. Do you speak Hopi and/or Tewa? (Circle) FAIR () GOOD () EXCELLENT ()

5. Do you understand Hopi and /or Tewa? (Circle) FAIR () GOOD () EXCELLENT ()

6. Other languages: _____
(a) Spoken FAIR () GOOD () EXCELLENT ()
(b) Written FAIR () GOOD () EXCELLENT ()

7. Are you military veteran? **YES** / **NO** (if yes, please submit a copy of your DD Form 214 with the application)

8. Are you over age 18 and eligible to work in the United States? **YES** / **NO**

REFERENCES

1. Name _____ Address: _____

Phone Number: _____ E-mail: _____

2. Name _____ Address: _____

Phone Number: _____ E-mail: _____

3. Name _____ Address: _____

Phone Number: _____ E-mail: _____

IMPORTANT Read this statement carefully and sign below.

Applicant Consent to Release Liability and Reference Information

I, _____ (print name), in consideration of employment with the Hopi Tribal Housing Authority (HTHA), hereby authorize the HTHA to perform background, reference checks, and employment verifications on me. These checks may include, but are not limited to discussions with: supervisors, coworkers, business associates, or any other party who the HTHA may use sole discretion believes may have relevant job related information regarding my suitability for employment. The HTHA may also verify information that I have provided on the completed employment application and/or resume.

I agree not to assert any demands, damages, claims, suits or causes of action of any kind against the HTHA, its offenders, employees, agents or the organizations, officers, employees, and agents contacted arising out of the HTHA performing a good faith effort to check my employment references.

I acknowledge that my failure to authorize the HTHA to check my references shall disqualify me from consideration from employment. I acknowledge, the HTHA has made no representation that employment will be offered to me upon the completion of reference checks.

I understand the position I am applying for may require a satisfactory background check.

I acknowledge that employment at the HTHA may be conditioned upon satisfactory completion of an employment medical assessment, which may include a screening test for the presence of controlled substances. Continued employment would be continued upon the successful completion of any additional medical assessments that may be reasonably requested by the HTHA. Upon reasonable suspicion, the HTHA may require that I participate in further urinalysis screening tests for the presence of controlled substances.

I also acknowledge that the position requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license now and maintain throughout my employment and understand that I may be required to provide a copy of my driving record.

I hereby verify, under the penalty of perjury, the information contained in this application is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose misrepresentation or falsification, my application will be rejected, and I may be dismissed from employment and disqualified from future employment with the HTHA.

A photocopy or facsimile (fax) of this form that shows my signature shall be as valid as the original.

I UNDERSTAND THAT THIS APPLICATION IS VALID ONLY FOR THE POSITION APPLIED.

Applicant's Signature

Date

Applicant Consent for Background Information

HTHA requires an investigation of the character and criminal background of each individual who is employed, or is being considered for employment. The check shall include a search of the criminal history repositories of all states that an employee or prospective employee lists as current and former residences in an employment application.

Have you ever been arrested for, charged with, or convicted of a Misdemeanor (other than a minor traffic violation) or Felony?

Yes No

If you answered yes to the preceding question, for each such charge please list the type of offense, the year charged, the name of the court, and the disposition of the charge. Criminal convictions or arrests may not automatically disqualify you from employment, but failure to provide this information or select NO and a record exist, will disqualify you.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

PLEASE PRINT or TYPE

Print Full Name	<input type="text"/>	Other Names Used	<input type="text"/>
Social Security No.	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>

Applicant's Signature

Date