



PUEBLO OF LAGUNA UTILITY AUTHORITY EMPLOYMENT APPLICATION

P.O. Box 208, Laguna, NM 87026 (505) 552-9631

Position Applying For _____

Name _____ Date _____

Address _____
Street or P.O. Box City State Zip Code

Phone _____
Area Code Home Cell Phone/Business Phone

Are you eligible to work in the U.S.? _____ Yes _____ No _____
Email Address

Would you accept less than full-time (40 Hours/week) employment? _____ Yes _____ No

If so, how many hours/week? _____

Have you previously been employed by the Pueblo of Laguna Utility Authority? _____ Yes _____ No

Yes, _____
From To Position/Title Reason for Leaving

Are any members of your immediate family employed by the Utility Authority? _____ Yes _____ No

Name of person _____ Relationship _____

EDUCATION

	High School	College/University	Graduate/Professional/ Vocational
School			
Dates Attended			
Years Completed (circle)	1 2 3 4	1 2 3 4	
Diploma/Degree			
Major			

Please see Resume for additional details

Describe applicable courses and extra-curricular activities _____

Honors received _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job

1. Employer _____ Phone _____
Address _____
Job Title _____ Supervisor _____
Dates Employed From _____ To _____ Average Hours Worked Per Week _____
Work Performed _____
Reason for Leaving _____

2. Employer _____ Phone _____
Address _____
Job Title _____ Supervisor _____
Dates Employed From _____ To _____ Average Hours Worked Per Week _____
Work Performed _____
Reason for Leaving _____

3. Employer _____ Phone _____
Address _____
Job Title _____ Supervisor _____
Dates Employed From _____ To _____ Average Hours Worked Per Week _____
Work Performed _____
Reason for Leaving _____

4. Employer _____ Phone _____
Address _____
Job Title _____ Supervisor _____
Dates Employed From _____ To _____ Average Hours Worked Per Week _____
Work Performed _____
Reason for Leaving _____

If you need additional space, please continue on a separate sheet.

Number continuation sheet to correspond with period of employment.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience. Please include certifications, licenses (like CDL, etc.).

PROFESSIONAL/VOCATIONAL REFERENCES (List at least two people, excluding relatives, who know of your work background and qualifications. Do not list persons involved in the selection process).

Name	Address & Phone
1. _____	_____
2. _____	_____
3. _____	_____

PERSONAL REFERENCES (List at least two people, excluding relatives, who know of your personal characteristics).

Name	Address & Phone
1. _____	_____
2. _____	_____
3. _____	_____

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? Yes No If Yes, please explain: _____

Do you have a current and valid drivers license? Yes No
Have you ever been convicted? Yes No Felony Misdemeanor Traffic

If yes, please explain including dates and results:

I certify that the information provided on this employment application is true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary to arrive at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interviews, including material omissions, may result in discharge. I understand also that I will be required to abide by all rules and regulations established for employees of the Pueblo of Laguna Utility Authority.

Signature of Applicant

Date

TRIBAL MEMBER/INDIAN PREFERENCE. Pursuant to Pueblo of Laguna Council decision of February 9, 1998, the Pueblo of Laguna Utility Authority adheres to a policy of preferential hiring and promotion of qualified Indian applicants. In order to qualify for consideration under this policy, please check the first description which applies to you.

_____ Regular Member of the Pueblo of Laguna. Census No. _____

_____ Naturalized Member of the Pueblo of Laguna. Census No. _____

_____ Indian-in-law of Laguna _____

Full name of Laguna spouse of in-law _____

_____ All other persons.

Signature of Applicant

Date

FOR EMPLOYER'S USE ONLY

INTERVIEWER'S NAME	Employer	Person Contacted	Results
	1		
	2		
	3		
Interviewer Name and Comments			
INTERVIEWER'S SIGNATURE			