

# EMPLOYMENT APPLICATION



P.O. Box 391820, Anza, CA 92539

Phone: 951-659-2700 Fax: 951-659-2228

Please return completed application before or on deadline to  
webmaster@santarosa-nsn.gov

Position Applying For: \_\_\_\_\_

## APPLICANT INFORMATION

NAME (First, Middle, Last)

MAILING ADDRESS

CITY

STATE

ZIP

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HOME NUMBER

CELL NUMBER

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DATE YOU CAN START

DESIRED SALARY

EMAIL ADDRESS

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DO YOU HAVE A HIGH SCHOOL DIPLOMA/GED?

Yes  NO

DO YOU HAVE A VALID GOVERNMENT ISSUED ID?

Yes  NO

ARE YOU ABLE TO PASS BACKGROUND CHECK?

Yes  NO

ARE YOU ABLE TO PASS DRUG TEST?

Yes  NO

**EDUCATION** Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	Address/City/State
High School			
College			
College			
Other			

**WHY DO YOU WANT TO WORK FOR THE TRIBE?** Explain in detail why you want this job.


**SPECIAL SKILLS** List any special skills or experience that you feel would help you in the position that your are applying for (leadership, certifications, organizations/teams, etc.)


**CAREER PLANS** In what way does this position fit into your overall career plans?


**PROFESSIONAL ASSETS** What are your professional assets that would be of value as an employee of Santa Rosa?


**REFERENCES** Please list three professional references not related to you, with full name, address, phone number and relationship. If you don't have three professional references, then list personal, unrelated references.

	Name	Address/City/State	Phone	Email Address	Relationship
1					
2					
3					

May we contact your most recent employer?

Yes  No

**WORK HISTORY** Start with your present or most recent employment and work back. Use separate sheet if necessary.

JOB TITLE	Start Date (mo/day/yr.)	End Date (mo/day/yr.)
Company Name	Supervisor's Name	Phone Number
Address	City/State/Zip	
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

JOB TITLE	Start Date (mo/day/yr.)	End Date (mo/day/yr.)
Company Name	Supervisor's Name	Phone Number
Address	City/State/Zip	
Duties:		
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Reason for Leaving	Starting Salary	Ending Salary

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_