



Ute Indian Housing Authority

EMPLOYMENT APPLICATION

USE TYPEWRITER OR PRINT CLEARLY IN INK
ALL APPLICATION WILL BE RETAINED FOR SIX MONTHS

FOR OFFICE USE ONLY

Date Received _____

Date of Interview for job: _____

1 _____ 2 _____ 3 _____

Hired for job: _____

1 _____ 2 _____ 3 _____

1. List the kind of positions desired: (1) _____ (2) _____ (3) _____

2. Name _____
First Name Middle Initial Last Name

3. Address _____
Street City State Zip Code

4. Telephone number _____ 5. Driver's License Number _____ Social Security No. _____ / _____ / _____

6. Tribe _____ Enrollment Number _____ 7. Birthday _____
month day year
(year not required)

8. Type Speed (rate) _____ Shorthand Speed (rate) _____

9a. List any other education, training, special skills or certificates/licenses that you possess related to this job (instead of other office skills).

9b. Were you previously employed by the Ute Indian Tribe? ☐ Yes ☐ No Date _____

10. Have you ever been discharged or forced to resign from a position? ☐ Yes ☐ No (If yes, please explain fully on separate sheet).

11. Have you ever been convicted of violating any Civil or Criminal Law other than traffic offenses? ☐ Yes ☐ No (If yes, please explain fully on separate sheet).

EDUCATION

12. High School Graduate? ☐ Yes ☐ No If no, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12
(Attach all transcripts and certificates of completion.)

College, Business or Trade School Attended			Amount of Credits Earned	Degree (B.S., B.A. M.A., etc.)
Years Attended	Name of School	Course of Study		
			Qtr. <input type="checkbox"/> Sem. <input type="checkbox"/> Hrs. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Hrs. _____
			Qtr. <input type="checkbox"/> Sem. <input type="checkbox"/> Hrs. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Hrs. _____

13. Military Service: from _____ month _____ year to _____ month _____ year

Type of Discharge _____

EXPERIENCE

14. Beginning with present or most recent experience, list your previous employment. If you wish to elaborate on your experience, a supplemental sheet, or resume may be attached, but this section must be completed. Include military service, if applicable, also include nonpaid(volunteer type) employment.

Firm Name _____ Full Time ☐ Length of Job From _____ To _____
mo. yr. mo. yr.
Address _____ Part Time ☐ Hours Worked per Week _____
Telephone Number _____ Volunteer ☐ Last Monthly Salary \$ _____
Job Title _____ Duties _____

Supervisor's Name _____ Reason for Leaving _____

Firm Name _____ Full Time ☐ Length of Job From _____ To _____
mo. yr. mo. yr.
Address _____ Part Time ☐ Hours Worked per Week _____
Telephone Number _____ Volunteer ☐ Last Monthly Salary \$ _____
Job Title _____ Duties _____

Supervisor's Name _____ Reason for Leaving _____

Firm Name _____ Full Time ☐ Length of Job From _____ To _____
mo. yr. mo. yr.
Address _____ Part Time ☐ Hours Worked per Week _____
Telephone Number _____ Volunteer ☐ Last Monthly Salary \$ _____
Job Title _____ Duties _____

Supervisor's Name _____ Reason for Leaving _____

REFERENCES:

15. List three persons who have knowledge of your qualifications and character other than your former supervisors or relatives:

	<u>FULL NAME</u>	<u>PRESENT BUSINESS OR HOME ADDRESS</u>	<u>BUSINESS OR OCCUPATION</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

CERTIFICATE OF APPLICANT (Carefully read before signing)

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of fact in this application is cause for disqualification of the application and/or separation from employment.

Applicant _____