



APPLICATION FOR EMPLOYMENT

PLEASE READ COMPLETELY BEFORE FILLING OUT THIS APPLICATION

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED BY GILA RIVER TELECOMMUNICATIONS, INC.

APPLICATIONS ARE CURRENT FOR 60 DAYS, IF YOU ARE STILL INTERESTED IN A POSITION AFTER 60 DAYS, A NEW APPLICATION MUST BE FILED.

PLEASE COMPLETE EACH SECTION OF THIS APPLICATION – PLEASE PRINT IN INK.

IF YOU HAVE A RESUME, PLEASE ATTACH TO THE APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____
(P.O.BOX# / STREET) TELEPHONE _____

CITY STATE ZIP CODE EMAIL ADDRESS

ARE YOU, OR HAVE YOU BEEN KNOWN BY ANY OTHER NAME? YES NO

IF YES, PLEASE LIST NAME (S): _____

ARE YOU 18 YEARS OR OLDER? YES NO ARE YOU EMPLOYED NOW? YES NO

ON WHAT DATE WOULD YOU BE ABLE TO WORK? _____

ARE YOU A GILA RIVER TRIBAL MEMBER? YES NO IS YOUR SPOUSE? YES NO

ARE YOU A NATIVE AMERICAN? YES NO IF YES, WHICH TRIBE? _____

DO YOU RESIDE ON THE GILA RIVER INDIAN COMMUNITY? YES NO

DO YOU HAVE A CURRENT APPLICATION ON FILE (WITHIN THE LAST SIX MONTHS)? YES NO

IF YES, PROVIDE LAST APPLICATION DATE _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YES NO IF YES, GIVE DATE _____

FORMER EMPLOYERS				
LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST:				
DATE, MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

REFERENCES			
GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.			
NAME	TELEPHONE NUMBER	BUSINESS	HOW ACQUAINTED?

Describe additional skills or training that are relevant to position you are applying for:

Computer-related skills: _____

Computer-related training that you have received: _____

Other relevant skills or training: _____

APPLICANT REPRESENTATIONS

Based on your work history, please describe your performance in the following areas:

Attendance _____

Effectiveness in performing job duties: _____

Quality of Work _____

Interpersonal Skills _____

Do you have any relatives employed here? YES NO

Name and Relationship::

Do you have a valid Arizona Driver's License? YES NO

Driver's License #: _____

Has your driver's license been suspended or revoked within the past three years?

YES NO IF YES, PLEASE EXPLAIN:

Are you willing to use your vehicle for work/business purposes? YES NO

Are you a U.S. Citizen ? YES NO If not, what is your status? _____

Note: The Immigration Reform and Control Act of 1986 requires verification of an applicant's identity and eligibility for employment at the time of hire.

Have you been convicted of a felony within the last seven (7) years? YES NO
(A conviction will not necessarily disqualify you from employment)

If yes, please explain: _____

In case of emergency, who should the company contact? Include name and telephone #:

APPLICANT'S STATEMENT

1. All information given by me in the application is true and correct. False information (misrepresentation or omission of information called for) in grounds for dismissal. I authorize investigation of all information contained herein and specifically authorize the employees and references to give you any information concerning me, and by doing so, release all persons from liability for any damage that may result from furnishing information to you.
2. In consideration for my employment, I agree to conform to the policies, practices, rules/regulation and guidelines, which may be changed from time to time. I further agree that my employment (and the terms and benefits provided to me) is not intended, and does not, constitute any contractual relations and is for no definite period of time and is terminable by myself or the Company with or without notice and with out cause. No oral statement or representation made either before or during employment can change or modify this non-contractual and at-will relationship.
3. In further consideration for my employment, I understand and agree that there are other forms, statements and provisions that have to be completed and agreed to, and those forms, statements, and provisions are part of this application and will be included within my employment records.

SIGNATURE OF APPLICANT

DATE

Preference in filling vacancies is given to qualified enrolled Gila River Community Members, other Indians, and non-Indian spouses of officially enrolled Community members in accordance with Tribal Employment Rights Office (T.E.R.O.) Ordinance (No. GR-02-09, Gila River Indian Community).

Gila River Telecommunications, Inc. is an Equal Opportunity/Affirmative Action Employer, subject to Indian Hiring Preference.

Applicant:

Gila River Telecommunications, Inc. employees, as a condition of employment, are required to be free from any measurable amounts of illegal drugs and/or alcohol or controlled substances. Because Gila River Telecommunications, Inc. is committed to providing a drug-free working environment for our customers and employees, all offers of employment are contingent upon a drug screen which indicates that you are free from illegal drugs/alcohol or controlled substances.

If you are offered a position with Gila River Telecommunications, Inc., you will be required to report within 24 hours, with photo identification, to take a drug test. Although certain security measures are taken in order to prevent cheating, your personal privacy in the collection process will be respected. The results of this test will be forwarded to the appropriate person at Gila River Telecommunications, Inc.

CONSENT AND RELEASE FOR TESTING

I consent freely and voluntarily to the collection and testing of my urine. I hereby release and hold harmless Gila River Telecommunications, Inc. its employees, designated representatives and agents, for any liability whatsoever arising from this request to furnish my specimens, the testing of my specimens, and decisions made concerning my application for employment or my continued employment based upon the results of these tests. I further authorize the confidential release of the laboratory results to Gila River Telecommunications, Inc. or designee of Gila River Telecommunications, Inc. at any future date as they are needed.

If I should test positive for prescription medication and there is no record of verification of prescriptions, I understand that my test results will be considered positive and that I will not be eligible for a position at Gila River Telecommunications, Inc.

I have read the instructions regarding the drug testing process and I understand all the requirements.

I have read and understand the above. I understand the Gila River Telecommunications, Inc. drug policy and I am aware of the consequences of policy violation.

Signature of Applicant

Date