|  |
| --- |
| Name (Print) |
| Address City State Zip | Telephone Number - Home |
| Other Means of Contact | Telephone Number - Other |
| Position(s) Desired | Earnings Expected Per Month |
| Type of Position □ Full-Time □ Part-Time | Specify Days and Hours if Part-Time |
| Have you ever been employed by Five Sandoval Indian Pueblo, Inc.? □ Yes □ No If Yes, list dates and departmentHave your received all of your COVID-19 vaccinations? □ Yes □ No FSIP requires a copy of your COVID-19 vaccination card.  You must be fully vaccinated upon hire of all open positions.  |
| **Education** |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of School** | **Name and Address of School** | **Course Majored in****Give Degree** | **Check Last****Year Completed** | **Graduate** | **Last Year Attended** |
| Elementary |  |  | 5 | 6 | 7 | 8 |  |  |
| High School |  |  | 1 | 2 | 3 | 4 | □ Yes □ No |  |
| College |  |  | 1 | 2 | 3 | 4 | □ Yes □ No |  |
| College |  |  | 1 | 2 | 3 | 4 | □ Yes □ No |  |
| GraduateSchool |  |  | 1 | 2 | 3 | 4 | □ Yes □ No |  |
| Business orTrade School |  |  | 1 | 2 | 3 | 4 |  |  |
| Other |  |  | 1 | 2 | 3 | 4 |  |  |

 |
| **Military Service** |
| Have you served in the U.S. Military? □ Yes □ No | If Yes, date Active Duty started | Which Branch of Service? |
| Date of Discharge \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ | Rank at Discharge |
| What Special Training did you receive or what skills did you acquire during your service? |
|  |
|  |

**Five Sandoval Indian Pueblos, Inc.**

**4321-B Fulcrum Way, NE**

**Rio Rancho, NM 87144**

**Main Office: 505/867-3351**

**Fax: 505/867-3514**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **List below the names of all your Employers, beginning with the most recent.**1. **Company Name**
2. **Address and phone number**
3. **Reason for leaving**
 | **Position Held** | **Time Employed****From To** **Mo. / Yr. Mo. / Yr.** | **Supervisor** **Name & Title** | **Salary****Starting / Ending** |
| **1.** | **a.** |  |   |  |  |  |
| **b.** |
| **c.** |
| **2.** | **a.** |  |  |  |  |  |
| **b.** |
| **c.** |
| **3.** | **a.** |  |  |  |  |  |
| **b.** |
| **c.** |

 |
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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **4.** | **a.** |  |   |  |  |  |
| **b.** |
| **c.** |

 |
| **Indicate by number \_\_\_\_\_\_\_\_\_\_\_\_\_\_ any of the above Employers you DO NOT wish for us to contact.** |
| **Professional References (Do not list Relatives or Friends)** | **Address** | **Phone Number** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Are there any other experiences, skills or qualifications that especially prepare you for the position you are applying for?** |
| **Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any job? □ Yes □ No****If the answer is “Yes” give the name of the Employer, Date, and Reason in each case.** |
| **Certification**I authorize the Company to investigate my application for employment and to obtain whatever information the Company deems appropriate in order to evaluate my application, including but not limited to verification of the statements made on my Employment Application. I also authorize the Company to contact my previous employers and references listed on my application.I release and discharge my previous employer or references from any and all claims or liability whatsoever related in any way to communications given in response to a request for an employment reference or verification or any other information requested by the Company in order to evaluate my application, including but not limited to any claim of defamation.I hereby certify that the information provided by me in the application for employment is true, correct and complete to the best of my knowledge.I understand that if employed, false statements on this application shall be considered cause for dismissal.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature Date** |