



# Northern Circle Indian Housing Authority

694 Pinoleville Drive, Ukiah, CA 95482

◆ 707-468-1336

Fax ◆ 707-468-5615

## EMPLOYMENT APPLICATION

Position Applying For: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			Desired Rate of Pay:	
Name: (First, MI, Last)			Email Address:	
Mailing Address (Street, City, State, Zip):			Phone Number:	
Have you ever been employed by NCIHA? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list dates of employment and position held:			Date Available to Start:	
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain:				
Do you claim Tribal Preference? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please name your tribal affiliation:		Are you able to perform the essential functions of the position applied for with, or without, reasonable accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you an immediate family member of an NCIHA Board Member? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list Board member and relation:		Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>❖ Employment History:</b> Begin with the present position and work back at least 5 years. The entire 5 year period must be accounted for without breaks. For periods of unemployment or attending school, list dates and write "unemployed" or "in school". Attach additional sheets if necessary.				
Name and Address of Employer:			Phone Number:	
Start & End Date:	Start & End Salary:	Supervisor's Name:	Reason for Leaving:	
Position Held and Work Performed:				
Name and Address of Employer:			Phone Number:	
Start & End Date:	Start & End Salary:	Supervisor's Name:	Reason for Leaving:	
Position Held and Work Performed:				
Name and Address of Employer:			Phone Number:	
Start & End Date:	Start & End Salary:	Supervisor's Name:	Reason for Leaving:	
Position Held and Work Performed:				

**❖ EDUCATION:** Include all colleges, universities, technical, and vocational schools attended.

Are you a high school graduate or have you received your GED?  
 Yes  No

Name, Location of School:

Type of School:

Name and Address:

Coursework:

Degree Earned:

Please list special training, certificates, or other types of education you have pertaining to the position applied for:

**❖ OTHER INFORMATION:**

Do you have a valid driver's license? Yes  No

State and Number:

Do you have a good driving record? Yes  No

In the past 3 years, have you been convicted of a DUI or had your license suspended? Yes  No

Are you currently on lay-off and subject to recall?

Yes  No

Can you travel if required by the job?

Yes  No

Can you, upon employment, submit verification of your legal right to work in the US?

Yes  No

List the names of any immediate family members (other than your spouse) who currently work for NCIHA:

**❖ REFERENCES:** List three (3) people who know you well. They should be good friends, peers, roommates, etc. Whom have known you for at least five (5) years. Try not to list relatives or anyone who is listed elsewhere on this application (ex: Supervisors).

Name:

Dates Known (From-To):

Telephone# / Email:

Address (Street, City, State, Zip):

Type of Acquaintance:

Name:

Dates Known (From-To):

Telephone# / Email:

Address (Street, City, State, Zip):

Type of Acquaintance:

Name:

Dates Known (From-To):

Telephone# / Email:

Address (Street, City, State, Zip):

Type of Acquaintance:

❖**CERTIFICATIONS:** Please read each item carefully and acknowledge your understanding by signing in the indicated location.

**Certification that My Answers are True:** My statements on this application and any attachments to it are complete and correct to the best of my knowledge and belief and are made in good faith. I understand that a false answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work.

I agree to the above

**Authorization to Investigate and Contact Past Employers:** I authorize investigation of all statements contained on this application/attachments. I authorize NCIHA to secure information pertaining to my background and experience. I also give consent to contact former employees listed on this application (unless specifically excluded) for references. I further give permission to all current or previous employers, managers and/or supervisors to discuss my relevant personnel and employment history with NCIHA. I consent to the release of such information orally or in writing and hereby release them from any and all liability whatsoever arising therefrom and agree not to sue them for defamation or other claims based upon my statements they make to any representative of NCIHA.

I agree to the above

**Consent to Contact Government Agencies:** I give my permission to any agent, attorney or representative of the housing authority to receive a copy of any information contained in the file of any federal, tribal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and, to the fullest extent permitted by law, waive any right under applicable law concerning notification of the request for a release of such information.

I agree to the above

**Cooperation with Investigation:** I agree to fully cooperate with the housing authority's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law. I give permission to the housing authority to verify my Indian heritage and verify any tribal enrollment information that I have provided.

I agree to the above

**Falsification Statement:** I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or if discovered after an offer of employment, for immediate dismissal.

I agree to the above

**Release:** I release NCIHA, it's officers, agents, directors, representatives, employees, attorneys and representatives from any and all claims, causes of action, judgments, liens, indebtedness, damages, obligations, losses, liabilities, or costs, which they may have, whether known or unknown, suspected or unsuspected, arising with this application for employment. I understand that this application is only valid for the position applied for at present and that NCIHA is not obligated to retain or consider this application for future openings. My signature below certifies that I understand that if I am extended an offer of employment by NCIHA, my employment is contingent upon satisfactory completion of a drug test and submission of proof that I have the credentials and/or licenses necessary for the position that I am offered.

I agree to the above

**I have read each item, I understand and agree to all terms.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

How did you hear about this position: Check all that apply:

Word of Mouth  Web Page  Newspaper  Bulletin Board  Other