



Pala Band of Mission Indians
 PMB 50, 35008 Pala Temecula Road
 Pala, California 92059
 An Equal Opportunity Employer

Application for Employment

Personal Information

Name (Last, First, M.I.)	Social Security No.
Present Address	City, State, Zip Code
Permanent Address	City, State, Zip Code
Phone No. Specify, Home, Cell etc ()	How did you hear about us?

Employment Desired

Position	Date you can start?	Salary Desired
Are you currently employed?	If so, may we contact your present employer?	
Have you ever worked for the Pala Band of Mission Indians?	If so, when and what position?	
Native American – (Optional)	Tribal Affiliation	
	Tribe/Location	
Do you have any family members who work for the Pala Band of Mission Indians?		

Education History

Name & Location of School	Year (s) Attended	Did you Graduate?	Subjects Studied

General Information

Subjects of Special Study/Research/Special Skills i.e..P.C. software, Typing WPM, etc.
Military Service (Rank)

Former Employers (List below last four employers, starting with latest employer first)

Date Month/Year	Name and Address	Salary	Position	Reason for Leaving
From: To:				

References (Give below the names of three persons not related to you, who you have known at least one year)

Name	Address	Business	Phone Number	Years Known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and release the company from all liability for any damages that may result from utilization of such information.

I also understand and agree that no representative of the company has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____ Signature _____

Interviewed By _____

-----DO NOT WRITE BELOW THIS LINE-----

Remarks
