



Pala Band of Mission Indians
35008 Pala Temecula Road, PMB 50
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?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for the Pala Band of Mission Indians?	If so, when and what position?	
YES <input type="checkbox"/> NO <input type="checkbox"/>		

Native American – (Optional)	Tribal Affiliation
YES <input type="checkbox"/> NO <input type="checkbox"/>	Tribe Location
Do you have any family members who work for the Pala Band of Mission Indians?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	

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. PC 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				
From				
To				
From				
To				
From				
To				

References

(Give below the names of three persons not related to you, whom 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 any 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
