



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

## Application for Employment

Personal Information	
First Name	Last name
Present Address	City, State, Zip Code
Permanent Address	City, State, Zip Code
Phone No. (specify: Home, Cell, Etc.) (    )	Email address

Employment Desired		
Position	Date you can start?	Salary Desired
I have read the job description and am able to perform all of the essential job functions with or without reasonable accommodations.      Yes <input type="checkbox"/> No <input type="checkbox"/>		

How did you hear about us?	Are you legally permitted to work in this country? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for the Pala Band of Mission Indians? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, when and what position?

Native American – (Optional) Yes <input type="checkbox"/> No <input type="checkbox"/>	Tribal Affiliation Tribe/Location
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Do you have any family members who work for the Pala Band of Mission Indians?
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Education History			
Name & Location of School	Number of Years Attended	Did you Graduate?	Subjects Studied

General Information
Subjects of Special Study/Research/Special Skills/Certifications (i.e., computer, software, typing WPM, etc.)

Military Service (Rank)

Former Employers (List below last four employers, starting with the most current employer first)					
Date Month/Year	Company Name, City and State	Contact Number	Position	Reason for Leaving	May we contact this employer?
From: To:					Yes <input type="checkbox"/> No <input type="checkbox"/>
From: To:					Yes <input type="checkbox"/> No <input type="checkbox"/>
From: To:					Yes <input type="checkbox"/> No <input type="checkbox"/>
From: To:					Yes <input type="checkbox"/> No <input type="checkbox"/>

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 information concerning my previous employment and release the company from all liability for any damages that may result from utilization of such information.

I understand and agree that no representative of the company has authority to enter into any agreement for employment for any specified period or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. I also understand that the Pala Band of Mission Indians is an *at-will* employer.

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 \_\_\_\_\_