



San Carlos Apache College

Employment Application

Please return to Human Resources via the following methods: **Attention: Human Resources**

Email: hr@apachecollege.org

Mail: San Carlos Apache College
c/o Human Resources
PO BOX 344
San Carlos, AZ 85550

Phone: (928)475-2016

Position applying for: _____

Personal Information

Full Name: _____ Social Security Number: _____ Date of Birth: _____
First MI Last

Address _____
P.O. Box/Street City State Zip

Email address _____ Cell Phone: _____ Home Phone: _____

Indian Preference

Are you an enrolled member of the San Carlos Apache Tribe? Yes ____ No ____

Enrollment No: _____

Are you an Enrolled member of a federally recognized tribe? Yes ____ No ____

Tribe Name: _____

Enrollment No: _____

Driver's License Information

Do you have a valid driver's license: Yes ____ No ____ if not, is there anything that may prevent you from being eligible for a driver's license: Yes ____ No ____ if yes, please explain?

Driver's license number _____ Driver's License State _____

Employment Eligibility

How did you hear about this job opening? _____

Are you a citizen of the United States: Yes ____ No ____

If no, are you authorized to work in the U.S.: Yes ____ No ____

Voluntary Self-Identification (Equal Employment Opportunity Information)

Please select one of the following:

- ☐ White (not of Hispanic Origin) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ Black (not of Hispanic Origin) – A person having origins in any of the Black racial groups of Africa.
- ☐ Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ American Indian or Alaskan Native – A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ Prefer not to disclose

Background Information

Have you ever been convicted of a crime other than a minor traffic offense? Yes ____ No ____

If yes, please explain. A conviction will not necessarily disqualify an applicant from employment.

Have you ever been employed with San Carlos Apache College?

If yes, when? _____

Do any of your family members currently work for San Carlos Apache College? Yes ____ No ____ If yes, who?

(**Family members:** Spouse; Child; Grandchild; Parent; Grandparent; Brother or sister, whole or half blood, and their spouses; Spouse's parents, siblings, and children)

Qualifications

Do you have any experience, knowledge, skills, abilities, or qualifications that would especially fit you for work with San Carlos Apache College in the position you applied?

Education

Do you a High School Diploma/GED: Yes____No____

Please list any post-secondary education or equivalent courses of study pursued:

College/University:_____ Address:_____
From:_____ To:_____ Graduated? Yes____No____ Degree:_____

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From:_____ To:_____ Graduated? Yes____No____ Degree:_____

College/University:_____ Address:_____
From:_____ To:_____ Graduated? Yes____No____ Degree:_____

References

Please list three professional references. Persons whom have known you for at least one year and not related to you)

Full Name:_____ Relationship:_____
Company:_____ Phone:_____

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Company:_____ Phone:_____

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Company:_____ Phone:_____

Employment History

List all current and previous employment, beginning with your most recent employer:

Company Name & Address: _____

Phone: _____

Supervisor Name: _____

From (Month/Year): _____ To (Month/Year): _____

Salary: Starting _____ Ending _____

Reason for Leaving: _____

Job Duties and Responsibilities:

Company Name & Address: _____

Phone: _____

Supervisor Name: _____

From (Month/Year): _____ To (Month/Year): _____

Salary: Starting _____ Ending _____

Reason for Leaving: _____

Job Duties and Responsibilities:

Company Name & Address: _____

Phone: _____

Supervisor Name: _____

From (Month/Year): _____ To (Month/Year): _____

Salary: Starting _____ Ending _____

Reason for Leaving: _____

Job Duties and Responsibilities:

May we contact your current employer/supervisor? ☐Yes ☐No

Veterans Preference

Are you claiming veteran's preference: Yes _____ No _____

Branch: _____

From: _____ To: _____

Rank at discharge: _____

Discharge Characterization: _____

Disclaimer and Signature

I certify that all information provided in this application is true and complete to the best of my knowledge. I authorize the investigation of any details or statements included in this application as needed to reach an employment decision. I understand that if I am offered and accept employment, I will comply with all policies and regulations of San Carlos Apache College. I also acknowledge that any employment offered is at will, and that nothing stated or done during the application or interview process creates an implied employment contract. I understand that incomplete applications will not be considered.

Indian Preference: Preference in hiring and promotion may be given in accordance with the Federal and Tribal Indian Preference e Act. If claiming preference, a copy of a "Certificate of Indian Blood" is required (please attach). Subject to our Indian Preference policy.

San Carlos Apache College is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, ethnicity, color, creed, religion, sex, age (40 and over), marital status, national origin, veteran status, disability, or any other classification protected by applicable federal, state, or local laws. Discrimination or harassment of any kind is strictly prohibited. Background Check Authorization

I understand that, as part of the employment application process, San Carlos Apache College may conduct a background check to determine my suitability for employment. I authorize San Carlos Apache College and its authorized representatives or third-party providers to obtain and review background information as permitted by applicable law.

I understand that I am required to complete and sign a separate Release of Information/Background Check Authorization Form before a background check may be conducted. I understand that failure to complete the required release may result in my application not being considered further.

I understand that authorization of a background check does not guarantee employment and that information obtained through the background check will be considered in accordance with applicable federal, state, and tribal laws and San Carlos Apache College policies.

Signature:

Date:

Release of Information Consent Form (Adult)

for

San Carlos Apache College

(Company Name)

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish _____ San Carlos Apache College _____ and its authorized agent, **Maximum Reports, Inc.**, to conduct a pre-employment background search. The search(s) may include criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references, along with credit history report whether such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege. I understand the information gathered is personal and confidential.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records, or correspondence pertaining to me, to the representatives of _____ San Carlos Apache College _____ and **Maximum Reports, Inc.**, regardless of any previous agreement to the contrary.

I agree to accept all risks of adverse public notice, embarrassment, criticism, or financial loss that may result from use of information obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

I understand the purpose of this background check and hereby provide my consent for the background information for employment purposes. By signing this form, I agree that I have read and understand this Authorization and Consent for Release of Information and fully understand the terms of this Release.

Applicant Full Name (Please Print)

Tribal Affiliation (If Applicable)

Maiden Name or Also Known As (If Applicable)

Social Security Number

Driver's License Number (If Applicable)

Date of Birth

Address

City

State

Zip

Signature of Applicant

Date

Under Federal Trade commission, Fair Credit Reporting Act, and Federal and State Law, I am entitled to receive a free copy of any consumer report containing public information obtained directly by the employer; or all of the information obtained by the investigative reporting agency within five days of the time the report is release to the employer along with a copy of "Your Rights Under the Fair Credit Reporting Act."

Release of Information Form for Adult over 18 Years Old – Must be signed by applicant.