



# WALKER RIVER PAIUTE TRIBE

P.O. BOX 220  
 SCHURZ, NEVADA 89427  
 PHONE: (775) 773-2306 EXT: 315  
 FAX: (775) 773-2358  
 E-MAIL: [hr@wrpt.us](mailto:hr@wrpt.us)

Human Resources Use Only
<input type="checkbox"/> Drivers License
<input type="checkbox"/> DMV-Printout
<input type="checkbox"/> Letter of Interest/Resume
<input type="checkbox"/> Tribal Enrollment
<input type="checkbox"/> Veterans Preference
<b>RECEIVED</b>

## ENTERPRISE EMPLOYMENT APPLICATION

PLEASE PRINT IN BLUE/BLACK INK OR TYPE. Incomplete applications will not be considered.

Position(s) Applied For: \_\_\_\_\_ Application Date \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City, State, & Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_ Date available for work? \_\_\_\_\_  
 Do you currently have a valid driver's license? Yes  No  State/#: \_\_\_\_\_  
 Are you over 18 years of age? Yes  No  Are you over 21 years of age? Yes  No   
 Are you legally entitled to work in the United State? ..... Yes  No   
 If an offer of employment is made prior to your commencement of employment duties, are you willing to submit to alcohol/drug testing? ..... Yes  No   
 Have you ever been convicted of a misdemeanor, gross misdemeanor or felony (excluding juvenile adjudication)?  
 Yes  No  (Such convictions may be relevant if job related, but does not necessarily bar you from employment. Please explain below)  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION:** Circle highest grade completed: 7 8 9 10 11 12 / 13 14 15 16 / 17 18 19 20

School	Name/Address of School	Graduated		Dates Attended From / To	Diploma/Degree	Major/Minor
		Yes	No			
High School						
College						
Trade/Business						
Other						

**EMPLOYMENT HISTORY: MUST BE DETAILED AND ACCURATE FOR CONSIDERATION.**

List your employment for the last seven (7) years, beginning with most recent. Referral to resumes or other submitted documents is not acceptable. \*\*Resumes may be submitted as additional information only.

\*\*Mailing address must be completed\*\* **Incomplete applications will not be considered**

1. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Mailing Address (Include State & Zip Code): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of immediate supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_

2. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Mailing Address (Include State & Zip Code): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of immediate supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_

3. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Mailing Address (Include State & Zip Code): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of immediate supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_

4. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Mailing Address (Include State & Zip Code): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of immediate supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_

5. Name of Last Employer: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Mailing Address (Include State & Zip Code): \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of immediate supervisor: \_\_\_\_\_  
From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Job Responsibilities: \_\_\_\_\_

Explain any gaps in employment history: \_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_

**CERTIFICATES / LICENSES:** *(Please attach copy)*

- CPR                       EMT                       Electrician                       Maintenance
- Welder                       Superintendent                       Cement Mason                       Heavy Equipment Operator
- Drywall                       Grade Setter                       Carpenter                       Carpet/Tile Installer
- Laborer                       Iron Worker                       Landscaper                       Truck Driver
- Painter                       Roofer                       Plumber                       Certified Flagger
- Other: \_\_\_\_\_

**VETERANS PREFERENCE:**

Have you ever served in the United States Military? ..... Yes  No

If yes, do you claim Veterans Preference Points?.....Yes  No

**\*\*If yes, please attach a copy (non-returnable) of your DD-214 demonstrating proof of eligibility\*\***

**NATIVE AMERICAN PREFERENCE:**

Are you enrolled with a Federally Recognized Tribe?.....Yes  No

If yes, Tribe: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

**\*\*If yes, please attach a copy of your membership card for verification purposes\*\***

**REFERENCES:** List four business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

NAME AND ADDRESS <i>(Include state &amp; zip code)</i>	TELEPHONE	YEARS KNOWN

**APPLICANT'S STATEMENT**

I certify that all answers given herein are true and complete to the best of my knowledge. I understand the employer is relying upon all representation, both written and oral, which I made during the entire process of applying for employment with the Walker River Paiute Tribe to be accurate.

I understand this application is not intended to be a contract of employment. Furthermore, I understand that during my probationary period, I am free to resign at any time and the employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

In the event of employment, I understand that if I make any false statements, misrepresentations, or omissions in this application process that I may be discharged at any time during my employment and I agree to hold the employer and person named herein harmless in that event. I also understand that I am required to abide by all rules, regulations, and the Personnel Policy & Procedures of the Walker River Paiute Tribe.

---

Applicant Signature

---

Date Signed

**APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION**

In connection with this application, I authorize investigation of all statements contained in the Employment Application with Tribal, Federal and State law enforcement agencies, former employers and any other persons or agencies deemed necessary in arriving at an employment decision upon presentation of this waiver, or a photocopy of this waiver, whether in person, by mail, fax, or other method of conveyance.

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this waiver is to be considered as valid as an original of my signature.

Examples of types of information I am requesting that you provide include information you may have concerning my qualifications and suitability and any other significant information related to job performance.

I hereby authorize the Walker River Paiute Tribe and any agent acting on its behalf, to conduct an inquiry into any information related to my potential or continued employment with the Tribe and authorize the release of any such information, including, but not limited to, any criminal conviction on my record. Moreover, I hereby release the Walker River Paiute Tribe and any agent acting on its behalf from any liability by reason of requesting such information from any person.

---

Full Name (Print)

---

Social Security #

---

Signature/Authorization

---

Date Signed

Walker River Paiute Tribe  
1022 Hospital Road  
Schurz, NV 89427

**AUTHORIZATION FOR RELEASE OF INFORMATION**

This release of information constitutes my consent and authorization to the agencies or representatives identified to furnish **WALKER RIVER PAIUTE TRIBE**, and/or its representative's permission and authority to conduct a background check in order to determine my suitability for employment with **WALKER RIVER PAIUTE TRIBE**. I understand and consent to an investigation that is limited to 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 and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

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 **WALKER RIVER PAIUTE TRIBE** 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 that is 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.

\_\_\_\_\_  
TRIBAL AFFILIATION

\_\_\_\_\_  
APPLICANT'S FULL NAME (*PLEASE PRINT*)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
CITY, STATE, ZIPCODE

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER STATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE