

Indian preference in employment and training (PL 93-638)

IMPORTANT: Complete each section. If not applicable, indicate so with "N/A". Failure to do so will cause delays in the process and/or void application.

Please type or print all answers. Do not use pencil.

Writing must be legible. Failure to do so may cause delays and/or void application.

If needed, attach additional documents or explanation sheets.

Each statement made in this application is subject to verification, so please do not misstate or omit any material fact/s.

Any corrections, changes, or other alterations must be initialed and dated by the applicant.

You are advised that this employment application is an official document and misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation.















Susanville Indian Rancheria Corporation (S	SIRCO)	☐ SIRCO Property Management ☐ Diamond Mountain Mini-Mart					
■ Diamond Mountain Smoke Shop (Smokin'	Bean)	Diamond Mountain Distributing	☐ Diamond Mountain Manufacturing				
☐ TERRA Solutions & Services		SIRCO Linen		,			
Date of Application:		Phone N	0.				
Name:	20 K - 20 K	SSN:					
Last	First	MI					
Address:							
Street		City	State	Zip			
Mailing Address: (If different fro	m above)						
Address:							
Street		City	State	Zip			
Position applying for:		Wage expected:	Date Available:				
Do you have any friends or relatives worki	ompany listed above?	Yes	No				
If yes, state name(s) and relationship:				3			
Name			Relationship				
Name			Relationship				
Are you under 21 years of age?			Yes	No			
If hired, would you have problems getting work?	portation to and from	Yes	No				
Have you ever been convicted of a crimina	ony or serious misdemeanor)?	Yes	No				
Are you a member of the Susanville Indiar		Yes	No				
Are you eligible for Indian preference hiring	_	Yes	No No				
Are you eligible for preference as a membe	an household?	Yes	No No				
If you answered yes to any question(s) a	bove, please	explain:	*				

PLEASE INCLUDE A COPY OF ENROLLMENT CARD IF YOU ARE APPLYING UNDER INDIAN PREFERENCE (PL 93-638)

Education, Training and Experience No. of years Did you Completed Graduate? Degree High School No Name Address City State Zip College/ University Yes No Name Address City State Zip Vocational/ **Business** Yes No Name Address City Zip **Employment History** List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume'. From: To: Name of Employer Telephone No Dates Employed (Month and Year) Type of Business Your Position Your Supervisor's Name Address Street City State Zip Reason for Leaving May we contact this employer for a reference? Yes From: To: Name of Employer Telephone No Dates Employed (Month and Year) Type of Business Your Position Your Supervisor's Name City Address Street State Zip Reason for Leaving May we contact this employer for a reference? Yes No

Name of E	mnlover		() Telephone No		From:	To: ed (Month and Yea
						Dates Employe	so (iviorilii ario Yea
Type of Busir	ness	Your Position		You	ır Supervisor's Name		
Address	Street		×	Ci	ty	Stat	te Z
Reason for L May we co reference?	ontact this employer for a		Yes		_ No		ethoric.
iote:	Attach addit	ionai pa	ge(s) ir	necess	sary.		
eferer st below, for	our persons not related to yo	u who have knowl	ledge of your wo	ork performand	e within the last the)	
Address	Street			City		State	Zip
Control Segment of Seg	Street		No. Years Ac			State	Zip
Occupation	Street	Last Name	No. Years Ad		()	Zip
Occupation First Name		Last Name	No. Years Ad	equainted	(Telephone No	.)	
Occupation First Name	Street	Last Name	No. Years Ad		(Telephone No)	Zīp
Occupation First Name Address		Last Name	No. Years Ad	cquainted	(Telephone No	.)	
Occupation First Name Address Occupation		Last Name Last Name		cquainted	(Telephone No)	
Occupation First Name Address Occupation First Name	Street			City	(State	Zip
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Occupation First Name Address Occupation First Name Address	Street			City	(State	Zip
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Address Occupation First Name Address Occupation First Name Address Occupation First Name Address	Street	Last Name	No. Years Ad	City	(Telephone No	State	Zip

Please Read Carefully, Initial Each Paragraph and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Date	Applicant's Signature	- E		
				Initials
my employment, if hire understand and agree t at any time, with or with	ng contained in the application, or ced, is intended to create an employed hat if I am employed, my employme out prior notice, at the option of eitheing are binding on the company uive.	yment contract between nt is for no definite or deter r myself or the company, a	the company and me. minable period and may and that no promises or re	In addition, I be terminated epresentations
				Initials
suitability for employmer reports and other information hereby release the con-	company to investigate my refere ent and, further, authorize the refere mation related to my work records, apany, my former employers and all or liabilities arising out of or in any w	nces I have listed to disclowithout giving me prior no I other persons, corporation	ose to the company any otice of such disclosure. ons, partnerships and as	and all letters, . In addition, I
go	Tam empleyed, regardiese er are t	me diapoda bololo alboo.		Initials
il il il culate discriarge il	rain employed, regardless of the t	ille elapsed belole discov	VELV.	



BACKGROUND CHECK CONSENT

IMPORTANT: Initial each paragraph and complete each line. DO NOT USE PENCIL. Writing must be legible. Failure to do so many cause delays and/or denial of employment.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on my application or on any document used to secure employment shall be grounds for rejection of my application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. **Initials** I hereby authorize the company to investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. **Initials** I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the forgoing are binding on the company unless made in writing and signed by me and the company's designated. Initials Date of Birth _____ other names used _____ Countries/Cites lived in during the last five years and dates ____ Print name ___

Date

Signature