



ZUNI TRIBE
HUMAN RESOURCES DEPARTMENT
P.O. BOX 339 - 1203B STATE HIGHWAY 53
ZUNI, NM 87327
TELEPHONE: (505) 782.7086 - FAX: (505) 782.7209 - EMAIL: hr@ashiwi.org

TO ALL APPLICANTS:

The Zuni Tribe Human Resources Department strives to work as an efficient team in providing the best possible customer service to all jobseekers. As an applicant, you should read this sheet carefully and submit all of the required documentation. Applicants who submit incomplete applications will be given credit only for the information that is provided. To receive credit for one's education, training, experience, Indian preference, it must be notated within the application package.

Applications MUST be submitted to the Human Resources Department BEFORE 4:30 p.m. on the closing date shown on the Employment Announcement. Applications are accepted via postal mail, email, fax, or may be hand-delivered to the Human Resources Department at the Zuni Tribal Building, 1203-B State Highway 53, in Zuni, New Mexico. If an email or faxed application is submitted, the original application package must be received by the Human Resources Department within seven (7) calendar days of the date the email or fax was submitted.

REQUESTED DOCUMENTATION TO BE SUBMITTED WITH MASTER APPLICATION:

- ✓ Supplemental Questionnaire- Addressing knowledge, skills, and abilities according to employment announcement
- ✓ Form DD214-required if applicant wishes to receive Veteran Preference
- ✓ Census Card or BIA Form 4432-requested if applicant wishes to receive Indian Preference
- ✓ High School Diploma or GED
- ✓ College Transcripts
- ✓ Degree or Certificates
- ✓ Driver Licenses or Identification card
- ✓ Letter of interest-not required, but preferred
- ✓ Certificates, Awards, & Honors***Optional
- ✓ Reference Letters***Optional
- ✓ Current Resume***Optional

NOTICE:

- ✓ All application materials received will remain the property of the Human Resources Department and will **not** be returned, nor will copies be made.
- ✓ Please **do not** attach original documents to your application.
- ✓ Fraudulent statements or any form of misrepresentation in the application process could result in loss of consideration for a position.
- ✓ "**See Resume**" responses on the application are **not acceptable**.

Applicants will be evaluated on the experience, education, training, self-development, and/or awards demonstrated by the applicant, including how well the applicant answered the Supplemental Questionnaire. **Applicants are responsible for ensuring that the Supplemental Questionnaire is attached and submitted along with the Master Application. Applicants must address the Supplemental Questionnaire on a separate sheet of paper.**

The applicant's Master Application will remain on file for six (6) months after the date it is received. If an applicant chooses to apply for another position, a **Letter of Interest** along with the Supplemental Questionnaire must be submitted before the closing date. If there are any changes to the applicant's education, training or work experience, applicants must also request an additional form to notate the changes.

If you have any questions about applying for a position with the Zuni Tribe, please contact the Human Resource Department.



Human Resources Department - PO Box 339 - 1203B State Highway 53 - Zuni, NM 87327
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MASTER APPLICATION FOR EMPLOYMENT

All applications for employment must be made on this form, typed or printed in black ink

NOTICE TO APPLICANT Please submit the following documents with your application (where applicable)

- | | | |
|---|---|---|
| <input type="checkbox"/> Diploma or GED | <input type="checkbox"/> Veterans Preference (DD214) | <input type="checkbox"/> *Current Resume |
| <input type="checkbox"/> Degree or Certificates | <input type="checkbox"/> College Transcripts | <input type="checkbox"/> *Reference Letters |
| <input type="checkbox"/> Indian Preference (Census) | <input type="checkbox"/> Driver's License/Identification card | <input type="checkbox"/> *Certificates, Awards & Honors |
| <input type="checkbox"/> Letter of Interest | <input type="checkbox"/> Supplemental Questionnaire | <input type="checkbox"/> *Optional |

"See Resume" responses on the application are not acceptable.
 Any false or misleading response will result in disqualification.

**** Application must be filled out completely.**

This application will be kept o file for six (6) months.

Email or fax copies will be accepted temporarily, PLEASE send original within seven (7) calendar days of date application is submitted.

Only one application per applicant is necessary. To apply for other openings, complete a Letter of Interest for each position you apply for.

I. POSITIONS DESIRED

- | | |
|------------------------|------------------------|
| 1. Title of Job: _____ | Bulletin Number: _____ |
| Title of Job: _____ | Bulletin Number: _____ |
| Title of Job: _____ | Bulletin Number: _____ |

II. APPLICATION INFORMATION

2. Name: _____ <small>Last Middle First</small>	3. Soc. Sec. No.: _____
4. List any other names in which prior records may be listed: _____	
5. Mailing Address: _____ <small>City State Zip Code</small>	6. Physica Address: _____ <small>City State Zip Code</small>
7. Home Phone: _____	8. Work Phone: _____
9. Driver License Number: _____	10. Issuing State: _____ 11. Expiration Date: _____
12. Tribal Affiliation: <input type="checkbox"/> Zuni Censur Number: _____	13. Date of Birth: _____
Other: _____ <small>List Tribal Affiliation</small>	Enrollment Number: _____
14. Check all types of work you will accept: <input type="checkbox"/> Tenured <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary or Seasonal <input type="checkbox"/> Day Work <input type="checkbox"/> Shift Work <input type="checkbox"/> Night Work <input type="checkbox"/> Weekend Work	
15. When would you be available to start work? _____	16. Minimum Acceptable Salary: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____	RECEIVED BY: _____
BACKGROUND CHECKS: _____	
LOCAL: SENT ON: _____ <small>DATE</small>	RECEIVED ON: _____ <small>DATE</small>
STATE: SENT ON: _____ <small>DATE</small>	RECEIVED ON: _____ <small>DATE</small>
COMMENTS: _____	STATUS: _____

III. EDUCATION, TRAINING, AND SPECIAL QUALIFICATIONS

17. Beginning with High School or the equivalent, complete your education background. Give the name, address and location (City, State, & Zip Code) of each school attended, dates attended, subjects studied, number of classroom hours of instruction per week, certificate and any other pertinent data.

SCHOOL	NAME & LOCATION	DATES ATTENDED	COURSE OF STUDY MAJOR & MINOR	SEM HRS.	QTR HRS.	CERTIFICATE DEGREE OR DIPL.	YEAR RECEIVED
High School or Equivalent							
College or University							
Post Graduate College or University							
Other Educ. Training/Military Schools							

18. Circle your Highest education level: 1 2 3 4 5 6 7 8 9 10 11 12/ 13 14 15 16/ 17 18 19+

19. Overall Special Qualifications and Skills: **If additional space is needed please use additional paper**

IV. EMPLOYMENT HISTORY

20. Start with your present or most recent job, including military and/or volunteer services. Civilian or military experience acquired more than 10 years ago may be omitted if inapplicable to the job you are now seeking. If resume is not provided, use additional sheets if necessary. (Please do not leave this section blank.) **If additional space is needed please use additional paper**

CURRENT OR MOST RECENT EMPLOYER MAY WE CONTACT? Yes No

Employer's Name: _____	Business Name: _____	Start Date: _____
Employer's Address: _____	Hours worked per week: _____	End Date: _____
_____ <small>City State Zip Code</small>	Business Phone: _____	
Supervisor's Name: _____	Your Job Title: _____	
Did you supervise employees? _____	How many? _____	
Beginning Pay: _____	Ending Pay: _____	Reason for Leaving: _____
Description of Duties and Responsibilities:		

Employer's Name: _____ Business Name: _____ Start Date: _____
 Employer's Address: _____ Hours worked per week: _____ End Date: _____
 _____ City _____ State _____ Zip Code _____ Business Phone: _____
 Supervisor's Name: _____ Your Job Title: _____
 Did you supervise employees? _____ How many? _____
 Beginning Pay: _____ Ending Pay: _____ Reason for Leaving: _____
 Description of Duties and Responsibilities: _____

Employer's Name: _____ Business Name: _____ Start Date: _____
 Employer's Address: _____ Hours worked per week: _____ End Date: _____
 _____ City _____ State _____ Zip Code _____ Business Phone: _____
 Supervisor's Name: _____ Your Job Title: _____
 Did you supervise employees? _____ How many? _____
 Beginning Pay: _____ Ending Pay: _____ Reason for Leaving: _____
 Description of Duties and Responsibilities: _____

Employer's Name: _____ Business Name: _____ Start Date: _____
 Employer's Address: _____ Hours worked per week: _____ End Date: _____
 _____ City _____ State _____ Zip Code _____ Business Phone: _____
 Supervisor's Name: _____ Your Job Title: _____
 Did you supervise employees? _____ How many? _____
 Beginning Pay: _____ Ending Pay: _____ Reason for Leaving: _____
 Description of Duties and Responsibilities: _____

21. REFERENCES: List three individuals who are not related to you and not listed above as supervisors who have definite knowledge of your qualifications and fitness for the position you are seeking. Include addresses and phone numbers.

1. _____
2. _____
3. _____

V. BACKGROUND INFORMATION

Answering yes to any of the following questions, does not automatically disqualify you from consideration

YES NO

20. Are you a veteran? (Please submit verification for Veteran Preference dd-214)	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever been discharged from the armed forces under other than honorable conditions?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever been arrested or convicted of a crime involving a child, violence, sexual assault, sexual contact, sexual exploitation, prostitution, or another crime against another person.	<input type="checkbox"/>	<input type="checkbox"/>
23. In the past three (3) years, have you been arrested or convicted of DUI/DWI?	<input type="checkbox"/>	<input type="checkbox"/>
24. Are you presently being (or have you ever been) investigated under a procedure to consider your discharge by an employer for employee misconduct, including Absence Without Leave, Insubordination, Excessive Absenteeism or Tardiness, Sexual Harassment, Violation of Alcohol/Drug Policies, or conflict with co-workers involving or creating a Hostile Work Environment?	<input type="checkbox"/>	<input type="checkbox"/>
25. Other than a minor traffic violation, have you ever been convicted of a crime in a civilian or military court, entered a plea of guilty or "no contest" for any crime, or had a court-deferred proceeding without entering a finding of "Guilty" resulting in you being placed on probation or in a public service or education program?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you legally able to work in the U.S. in compliance with federal law?	<input type="checkbox"/>	<input type="checkbox"/>
27. Have been fired or asked to resign from a job within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you worked previously for the Zuni Tribe? Where?	<input type="checkbox"/>	<input type="checkbox"/>
29. Tribal personnel policies prohibit or limit hiring of relatives of Tribal Employees or officials in some circumstances.		
a. Do you or your spouse have any relatives presently working for the Tribe? If so, list who and the relationship of that person to you.	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you or your spouse have any relatives who are holding office with the Tribe? If so, list who and the relationship to that person to you.	<input type="checkbox"/>	<input type="checkbox"/>
30. REMARKS OR ADDITIONAL INFORMATION (PROVIDE EXPLANATIONS IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS WITH THE EXCEPTION OF #26		

VI. AUTHORIZATION AND CERTIFICATION

I HEREBY CERTIFY that this application contains no willful misrepresentation(s); and, that the information given to me is true, complete, and correct to the best of my knowledge and belief. I am aware that should any investigation disclose any such misrepresentation or falsification, that my application will be rejected including removal of my name from consideration for employment. I further understand any statement of information received in verifying the contents of this application.

I understand that all terms of employment of an offer of employment are conditional until the required background investigations are complete. If I am selected for a vacant position, I understand that my salary will be determined in accordance with the job announcement and official information to verify my education and/or work experience. I have read this authorization, certification, and release of all claims. I understand that it is my responsibility to keep the Human Resources Department advised about any changes to this application. I expressly agree to the terms set forth herein.

Applicant's Signature

Print Name

Date

Parent's Signature (if applicant is under 18 years old.)

Print Name

Date



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Authorization for Background Investigation

(PRINT LEGIBLY)

Name: Last First Middle			Social Security Number:	Date of Birth:
Mailing Address:			Home Phone:	Work Number:
Driver's License or ID Card #:	Issuing State:	Expiration Date:		

I HEREBY AUTHORIZE the Zuni Tribe to verify any or all of this information as necessary to an employment decision, and RELEASE its officers, agents, or employees from any liability or damage which may result from verification of my personal and employment history, including without limitation any evaluations, criminal arrest and conviction records, reference checks, and release of information from an investigation with any private or public employer of any federal agency, Tribe, State or local government. I hereby release the Zuni Tribe, and any persons providing information in connection therewith from any and all liability which may arise in connection with this background investigation.

Applicant's Signature

Print Name

Date

.....
TRIBAL COURT USE ONLY

If any Record, Please Check:

No

Yes - See attached

Signature of Court Official

Date



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EMPLOYMENT REFERENCE CHECK

Applicant (fill out top portion of most recent/current employment)

Date: _____

Employer's Name: _____

RE: Applicant Name: _____

Mailing Address: _____

Social Security No.: _____

City, State, & Zip: _____

Dear: _____

Employer's Name

The above named individual has applied for employment with the Zuni Tribe, and has named you as a former employer. In order to make an informed hiring decision, we must inquire into the applicant's work experience. The applicant has signed this document permitting you to provide the information requested below. Any information that you give will be held in the strictest confidence.

Applicant's Signature

Date

Official Use Only

_____ to _____
Final Position held by the Applicant Hire Date Departure Date

Reason for Leaving: _____

Duties & Responsibilities: _____

Please check the appropriate box for each category

Excellent Good Satisfactory Fair Unsatisfactory

Attendance					
Communication					
Cooperation					
Initiative					
Job Knowledge					
Leadership					
Professionalism					
Work Quality					

Eligible for Rehire: _____ Yes _____ No Additional Comments: _____

Signature

Title