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| *Acoma Logo*  PUEBLO OF ACOMA  APPLICATION FOR EMPLOYMENT | | | | | | | | | | | |
| **P.O. Box 348**  **Pueblo of Acoma, NM 87034** | | | | | **Telephone: 505-552-6728**  **Fax: 505-552-6771** | | | | | | |
| Type or print in Blank Ink.  The Pueblo of Acoma appreciates your submission of this employment application. Please complete application completely and accurately keeping in mind the following:   * The completion of this application represents your ability to provide written communication and follow directions. * Remember that the information you provide will be the primary source of information in screening applications and making selection decisions. * Excessive or non-essential information and attachments will not be considered. * Applications will be accepted until the posted closing date of the position. Contact Human Resources to verify closing date. * Applicants meeting the minimum qualifications of the position will have their applications further reviewed for an interview. If considered for an interview, Human Resources will contact you. * Attach information necessary to complete the application, e.g., degrees, diplomas, transcripts, DD-214, licenses, training certificates or other documents applicable to position. A copy of your current driver’s license ***must*** be attached for application to be considered complete. * **Be informed that incomplete and/or illegible applications will not be processed.** * A resume may be submitted but not in lieu of a completed application. * **Application is accepted only for the position advertised.**   Be advised that this employment application form and its attachments are official property of the Pueblo of Acoma and cannot be returned or reused after being submitted. | | | | | | | | | | | |
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|  | | | | |  | | | | | | |
| Position Applying For: | | Click here to enter text. | | | Date of Application: | | | Click here to enter text. | | | |
| How did you hear of position? | | | | | | | | | | | |
| Newspaper |  | Job Notice Board |  | Family/Friend | |  | Walk-In | |  | Other |  |

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| PERSONAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | Click here to enter text. | | | | | | | | | | | | | | | | | |  | | | Driver’s License #: | | | | | | | | | | Click here to enter text. | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | |  | | | | |  | | | | Expiration Date: | | | | | | | | | | Click here to enter a date. | | | | | | | | | | |  |
| Address: | | | Click here to enter text. | | | | | | | | | | | | | | | | Telephone Number: | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | | | | | | Message Telephone Number | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | |  |
| E-Mail Address: | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Are you a member of a Federally recognized Tribe? | | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| Name of Tribe: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | Census Number: | | | | | | | Click here to enter text. | | | | | | | | |
| Have you previously been employed by the Pueblo of Acoma? | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | | | | |  | | | | |  | | | | | | |  | |
| If yes, explain: | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is anyone in your immediate family employed by the Pueblo? | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | | | | |  | | | | |  | | | | |  | | | |
| If yes, explain: | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| When will you be available to work? | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | Are you 18 years old or older? | | | | | | | | | | | | Choose an item. | | | | | | |
| Have you ever been convicted of a crime including in a civil, military or tribal court? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | |  |  | |
| If you answered Yes, please explain: | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A background check and drug screening will be conducted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you graduate from high school? | | | | | | | | | | | | Choose an item. | | | | | | | | | | | | | | | Year of Graduation: | | | | | | | | | | Click here to enter text. | | | | | | | |
| If no, did you receive your GED certificate? | | | | | | | | | | | | | | | | Choose an item. | | | | Date GED certificate received: | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | |
| NOTE: You are to provide copies of diploma, certificate or transcript for the following education levels identified. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Name and Address of School(s) | | | | | | | | | | | | | Major/Course of Study | | | | | | | | | | | Years Completed | | | | | | | Diploma/Degree | | | | | |
| High School | | | | | | | | Click here to enter text. | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | |
| Undergraduate School | | | | | | | | Click here to enter text. | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | |
| Graduate School | | | | | | | | Click here to enter text. | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | |
| Other (Specify) | | | | | | | | Click here to enter text. | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | |
| Describe applicable courses, classes, training, certifications and extra-curricular activities: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYMENT HISTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fill in all blanks completely; leaving blank spaces may delay verification for employment. Employment history is to start with your PRESENT or CURRENT job and go back. Include any job-related military service assignments and volunteer activities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer: | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | Job Title: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Address: | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | Rate of Pay: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Telephone Number(s): | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | Name of Supervisor: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Dates of Employment: | | | | | | | | | | | | | | | | | | | | | | Reason for Leaving: | | | | | | | | | | | | | | | | | | | | | | |
| From: | Click here to enter text. | | | | | | | | | | To: | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Describe Major Job Duties:  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you leave employment in “Good Standing?” | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | If no, please explain: Click here to enter text. | | | | | | | | | | | | | | | | |
| May an inquiry be made to employer regarding your character, qualifications and record of employment? | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | If no, please explain: Click here to enter text. | | | | | | | | | | | | | | | | |
| Employer: | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | Job Title: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Address: | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | Rate of Pay: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Telephone Number(s): | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | Name of Supervisor: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Dates of Employment: | | | | | | | | | | | | | | | | | | | | | | Reason for Leaving: | | | | | | | | | | | | | | | | | | | | | | |
| From: | Click here to enter text. | | | | | | | | | To: | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Describe Major Job Duties:  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you leave employment in “Good Standing?” | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | If no, please explain: Click here to enter text. | | | | | | | | | | | | | | | | |
| May an inquiry be made to employer regarding your character, qualifications and record of employment? | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | If no, please explain: Click here to enter text. | | | | | | | | | | | | | | | | |
| Employer: | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | Job Title: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Address: | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | Rate of Pay: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Telephone Number(s): | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | Name of Supervisor: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Dates of Employment: | | | | | | | | | | | | | | | | | | | | | | Reason for Leaving: | | | | | | | | | | | | | | | | | | | | | | |
| From: | Click here to enter text. | | | | | | | | To: | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Describe Major Job Duties:  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you leave employment in “Good Standing?” | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | If no, please explain: Click here to enter text. | | | | | | | | | | | | | | | | |
| May an inquiry be made to employer regarding your character, qualifications and record of employment? | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | If no, please explain: Click here to enter text. | | | | | | | | | | | | | | | | |
| Employer: | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | Job Title: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Address: | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | Rate of Pay: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Telephone Number(s): | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | Name of Supervisor: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Dates of Employment: | | | | | | | | | | | | | | | | | | | | | | Reason for Leaving: | | | | | | | | | | | | | | | | | | | | | | |
| From: | Click here to enter text. | | | | | | | | To: | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Describe Major Job Duties:  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you leave employment in “Good Standing?” | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | If no, please explain: Click here to enter text. | | | | | | | | | | | | | | | | |
| May an inquiry be made to employer regarding your character, qualifications and record of employment? | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | If no, please explain: Click here to enter text. | | | | | | | | | | | | | | | | |
| Employer: | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | Job Title: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Address: | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | Rate of Pay: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Telephone Number(s): | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | Name of Supervisor: | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Dates of Employment: | | | | | | | | | | | | | | | | | | | | | | Reason for Leaving: | | | | | | | | | | | | | | | | | | | | | | |
| From: | Click here to enter text. | | | | | | | | To: | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| Describe Major Job Duties:  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you leave employment in “Good Standing?” | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | If no, please explain: Click here to enter text. | | | | | | | | | | | | | | | | |
| May an inquiry be made to employer regarding your character, qualifications and record of employment? | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | If no, please explain: Click here to enter text. | | | | | | | | | | | | | | | | |
| ADDITIONAL INFORMATION AND QUALIFICATIONS  If position/vacancy requires CDL, driver’s license, equipment operator or other forms of certifications or licenses, you are to provide copies for verification. Please list below additional information applicable to the position. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List specialized or job related skills and qualifications acquired from employment or other experience:  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List specialized operation in office equipment, machinery and other equipment (such as PC, Fax, Backhoe, etc.):  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BRIEFLY state any additional information you feel may be helpful to us in considering your application.  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PROFESSIONAL REFERENCES – Excluding Relatives  Name three (3) people, excluding relatives, who know of your education, work experience and qualifications. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | Telephone Number(s): | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | Home: | | | | | | Click here to enter text. | | | | | | | | | | | | | |
| Job Title: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | Business: | | | | | | Click here to enter text. | | | | | | | | | | | | | |
| Years Known: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | E-Mail Address: | | | | | | Click here to enter text. | | | | | | | | | | | | | |
| Name: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | Telephone Number(s): | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | Home: | | | | | | Click here to enter text. | | | | | | | | | | | | | |
| Job Title: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | Business: | | | | | | Click here to enter text. | | | | | | | | | | | | | |
| Years Known: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | E-Mail Address: | | | | | | Click here to enter text. | | | | | | | | | | | | | |
| Name: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | Telephone Number(s): | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | Home: | | | | | | Click here to enter text. | | | | | | | | | | | | | |
| Job Title: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | Business: | | | | | | Click here to enter text. | | | | | | | | | | | | | |
| Years Known: | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | E-Mail Address: | | | | | | Click here to enter text. | | | | | | | | | | | | | |

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| APPLICANT’S STATEMENT |
| I certify that, to the best of my knowledge and belief, all of the information given and attached to this application is true, correct, complete and made in good faith. I understand and do hereby authorize an investigation of all statements contained in this application for employment as deemed necessary for consideration of employment. I understand that depending on the position applied for, a BACKGROUND CHECK will be conducted.  I further acknowledge that my application for employment will remain in an active status for a period of time not to exceed 90 days.  I understand that fraudulent, false, misleading or incomplete information or answers to any questions, on any part of this application and its attachments, may be grounds for not hiring me or for terminating employment after I begin work. I consent to the release of information about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations to the Pueblo of Acoma. I further understand that I will be required to adhere to and accept all rules, regulations, policies and procedures of the Pueblo of Acoma.  Click here to enter text. Click here to enter text.  Signature of Applicant Date |
|  |
| **FOR HUMAN RESOURCES DEPARTMENT USE ONLY** |
| Scheduled for Interview:  Date of Interview Place of Interview Time of Interview  Selected for Position of: Date of Hire: Entry Rate of Pay:  Department/Program: Immediate Supervisor:  Additional Information and/or instruction(s): |