



Pueblo de San Ildefonso
02 Tunyo Po
Santa Fe, NM 87506

Application for Employment

Please print your information.

Date of application: _____	<input type="checkbox"/> Resume attached.
<input type="checkbox"/> New Applicant <input type="checkbox"/> Applied within the last 3 months for _____ position.	
<input type="checkbox"/> Application for re-hire - dates/years last worked for Pueblo de San Ildefonso are _____	
Position applying for:	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full time <input type="checkbox"/> Part time

APPLICANT INFORMATION			
	Last	First	Middle
Name:			
AKA, other names used including maiden name and previous married name if applicable:			
Mobile phone#		Home Phone #	
Email address:			
Mailing Address:			
City:		State:	
Zip Code:			
Street Address (if different):			
City:		State:	
Zip Code:			
Are you Tribal member? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what Tribe are you enrolled in?		Census#	

CRIMINAL HISTORY

Have you been convicted of a felony? Yes No. If yes, provide date, explanation of the violation, disposition of the arrest or charge, place of occurrence and the name and location of the Police Department or court involved.

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Have you ever been arrested for or charged with a crime involving a child? Yes No. If yes, provide date, explanation of the violation, disposition of the arrest or charge, place of occurrence and the name and location of the Police department or court involved.

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Have you ever been found guilty of, or entered a plea of nolo contendere or guilty to (1) any felony offense, or any of two or more misdemeanor offenses, under Federal or State Law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; (2) crimes against persons; or (3) offenses committed against children or elderly under Federal or State law. Yes No. If yes, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence and the name and location of the Police department or courts involved.

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MILITARY HISTORY

Are you a Veteran of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch?				
Rank in Service:		Date of Discharge:		
<input type="checkbox"/> Honorable Discharge	<input type="checkbox"/> Dishonorable Discharge	<input type="checkbox"/> Medical Discharge		
Employment specialized training pertaining to military service:				

REFERENCES

Two personal references who are not related to you. Give name and contact information.

Name	Relationship	#Yrs. Acquainted	Address/e-mail address	Phone #
1)				
2)				

Three professional supervisory references who are not related to you. Give name and contact information.

Name	Relationship	#Yrs. Acquainted	Address/e-mail address	Phone #
1)				
2)				
3)				

EDUCATION

	High School Diploma or General Equivalency Diploma	College/University	Graduate/Professional
School Name: City, State, Zip Code: Telephone: Date diploma or degree received:			
# of years completed and dates attended:			
Diploma /Degree (A.A., A.S., or B.A., B.S., or M.B.A., M.S.,) major, and year received:			
If no degree earned, total credits earned:			

Additional information: Trainings (title of course/year); Apprenticeship (organization/year); Honors, Awards, Special Accomplishments (include dates):

Employment History: This section needs to be completed by applicant for the last 5 years even if a resume is submitted.

1.)Current or most recent Employer	Dates Employed (mm/dd/year)		Primary Work Performed
			(Duties & Accomplishments)
Complete Address			
	Hourly Rate/Salary Starting Final		
Job Title			
Supervisor			Reason for leaving
Telephone # of Supervisor/Employer			May we contact the supervisor?

2.)Current or most recent Employer	Dates Employed (mm/dd/year)	Primary Work Performed
		(Duties & Accomplishments)
Complete Address		
	Hourly Rate/Salary Starting Final	
Job Title		
Supervisor		Reason for leaving
Telephone # of Supervisor/Employer		May we contact the supervisor?

3.)Current or most recent Employer	Dates Employed (mm/dd/year)	Primary Work Performed
		(Duties & Accomplishments)
Complete Address		
	Hourly Rate/Salary Starting Final	
Job Title		
Supervisor		Reason for leaving
Telephone # of Supervisor/Employer		May we contact the supervisor?

If you need additional space, please continue on another sheet of paper.

Professional skills and qualifications not noted in previous sections:
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Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and individuals with physical or mental handicaps. If you are a disabled veteran, or have a physical or mental handicap, you're invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment. If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed: _____ Date: _____

Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position which you are applying? Yes No

Note to Applicants: Please be advised that if you are offered a job, a pre-employment drug test is required as a condition of employment. Additionally, you may be asked to get a FBI Fingerprinting clearance as a condition of employment. Criminal clearances are obtained to ensure the Pueblo de San Ildefonso meets its tribal obligation and responsibility to protect the human resources - tribal and community members. All precautions are taken to guarantee confidentiality, and information will be used solely for its intended purpose to determine suitability of employees, volunteers, and other service providers to work for the tribe and in meeting minimum standards as required by federal law.

Agreement

I certify the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge.

Signature of Applicant

Date

Pueblo de San Ildefonso is an Equal Opportunity Employer. Preference in hiring is given to qualified Native Americans in accordance with the Indian Preference Act (Title 25, US Code, Section 472 and 473). Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of a non-job related medical condition or handicap.

For further information, feel free to contact the Human Resources Department
Phone: (505) 455-4155
Fax: (505) 455-4149

e-mail: karquero@sanipueblo.org