

GRICUA EMPLOYMENT APPLICATION (CONTINUED)

TRIBAL EMPLOYMENT INFORMATION

In compliance with Tribal employment guidelines, please complete the information below.

- Are you an enrolled member of the Gila River Indian Community or a Native American enrolled in another federally recognized tribe? Yes No
 If yes, please attach documentation: Enrollment Number _____ and Bureau of Indian Affairs Form 4432—Verification of Indian Preference for Employment. Please note that Form Op-612 does not apply here.
- Are you or your spouse a Gila River Community Member? Yes No
- Do you reside on the Gila River Reservation? Yes No
- Do you speak the O’odham (Pima) or Pee Posh language? Yes No

EDUCATION AND TRAINING (Include training in the military if applicable to position.)

Provide the following information regarding your education and training.

Type	School Name/Address	Years (#) that You Completed	Degree/ Diploma	Major Course of Study
High School				
College				
Trade or Technical				
Other				

Other Certificates, Licenses, or Apprenticeships:

KNOWLEDGE/SKILLS/EQUIPMENT OPERATED

Place a check mark and complete to indicate your specific knowledge, skills, or experience in the following:

- | | | | | |
|--|--|--------------------------------------|--|---|
| <input type="checkbox"/> Fax | <input type="checkbox"/> Electrical Codes | <input type="checkbox"/> Billing | <input type="checkbox"/> PC | <input type="checkbox"/> Forklift |
| <input type="checkbox"/> Photocopier | <input type="checkbox"/> Drafting Equipment | <input type="checkbox"/> Filing | <input type="checkbox"/> CAD | <input type="checkbox"/> Order Picker |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Reading Blue Prints | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> AM/FM/GIS | <input type="checkbox"/> Straight Truck |
| <input type="checkbox"/> 10-key | <input type="checkbox"/> Reading Maps | <input type="checkbox"/> Cashier | Technology | <input type="checkbox"/> Tractor and |
| <input type="checkbox"/> Switchboard | <input type="checkbox"/> PPE | <input type="checkbox"/> Payroll | <input type="checkbox"/> Word | Semi-Trailer |
| <input type="checkbox"/> Transcription Machine | <input type="checkbox"/> NESC | <input type="checkbox"/> FERC/RUS | <input type="checkbox"/> Excel | <input type="checkbox"/> Bucket Trucks |
| <input type="checkbox"/> Two Way Radio | <input type="checkbox"/> Hot Stick | Accounting | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Other Heavy |
| <input type="checkbox"/> Data Entry WPM: _____ | | <input type="checkbox"/> Dispatching | <input type="checkbox"/> Other Software: _____ | Equipment & Material Handling: |
| <input type="checkbox"/> Typing WPM: _____ | | | _____ | _____ |
| <input type="checkbox"/> Shorthand WPM: _____ | | | _____ | <input type="checkbox"/> Power Tools: _____ |
| | | | | _____ |

REFERENCES (Do not include immediate family members or relatives residing in your household.)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Occupation</u>	<u>Years Known</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

EMPLOYMENT HISTORY (Include military experience if within time frame.)

Account for all time for the past 10 years, whether working or not. START WITH YOUR MOST RECENT EXPERIENCE and work backwards. Give complete information. If self-employed, give firm name. Attach additional sheets if necessary. If you are applying for a position requiring a Commercial Driver License (CDL) then please place a check mark in the FMCSR column if you were subject to the Federal Motor Carrier Safety Regulations while employed. Likewise, place a check mark in the DOT Drug column if your job was designated as a safety sensitive function in any DOT-regulated mode and subject to the drug and alcohol testing requirements of 49 CFR Part 40.

Employer Name/Address	Supervisor Name/Phone #	Date Started/Date Left	Rate of Pay When Started/Left	Title of Last Job/Duties/Reason for Leaving	F M C S R	D D O R T U G

- May we contact your current employer for a reference? Yes No

CDL DRIVERS ONLY

If the position for which you are applying requires that you have a CDL, please answer below. Otherwise, skip and proceed to the next section.

- Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
- Has any license, permit, or privilege ever been suspended or revoked? Yes No
- List states in which you operated vehicles requiring a CDL:

- List special courses or training that will help you as a driver:

- Which safe driving awards do you hold and from whom?

- Date of Birth (Month/Day/Year): _____ (As required by DOT)

List drivers licenses held in past 3 years. This must be shown:

State	License No.	Class	Endorsement(s)	Expiration Date

List home addresses (Street/Apartment Number, City, Zip Code) for the past 3 years.

1. _____
2. _____
3. _____

CDL DRIVERS ONLY (Continued)

Accident record for past 3 years. If none, write none.

Dates	Nature of Accident (Head-on, Rear-ended, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				
Next Previous				

Traffic Convictions for past 3 years (other than parking violations): If none, write none.

Location	Date	Charge	Penalty

APPLICANT AUTHORIZATION, RELEASE, AND STATEMENT

I understand that this application is not a contract of employment and will be active for a period of 60 days. After that, if I wish to be considered for employment, I must submit a new application.

I understand that the company will make any investigation of my background as necessary and verify information given on this application, related papers, and in interviews. I authorize schools, former employers, except my current employer if so noted, and former supervisors to provide any and all information related to my work and personal history and hereby release those providing such information from any liability for doing so.

I understand that employment, if offered, is contingent upon my providing proof that I can legally work in the United States. I understand that Gila River Indian Community Utility Authority (GRICUA) is a drug free workplace and reserves the right to enforce drug testing for marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP) for pre-employment based on the job for which I am hired. In addition, I understand the Company may conduct drug/alcohol testing including testing for illegal use of prescribed drugs at any time on a general, random follow-up, post-accident, or for cause basis during my employment. Failure of such drug/alcohol tests may result in rejection of my application or termination of my employment with GRICUA.

I understand that should I accept an offer of employment from GRICUA my employment during the orientation period will be "at-will". This means that either GRICUA or I may terminate my employment at any time, for any or no reason whatsoever, with or without good cause, and without liability. I understand that I should not rely on any oral or written statement contrary to my "at-will" employment status.

I certify that the information given by me in this Employment Application is true and complete. I understand that any falsification, misrepresentations, or material omissions will be sufficient for dismissal or refusal of employment.

For CDL positions:

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). For that information, I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for these previous employers to resend the corrected information to the prospective employer(s); and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I have read all the above, understand its content and meaning, and voluntarily and freely agree to all of its provisions.

Your Signature: _____ Date: _____

OFFICE USE ONLY (APPLICANTS, PLEASE DO NOT WRITE BELOW)

Interviewed by: _____ Date: _____ References Checked by: _____ ++++++

Drug Test Results/Background Check (If Job Requirement): ____/____ MDV Check (If Job Requirement): _____

Check One: Offer Extended on: _____ No Offer (Reason): _____

Starting Date: _____ Pay Rate: _____ Job Title: _____

Other Commitments: _____

Approved by: _____ Date: _____