

# **Upper Mattaponi Indian Tribe Application for Employment**

Upper Mattaponi Indian Tribe				
PO Box 184 13476 King William Road King William, VA 23086				
Applicant's Information				
First Name:  Last Name:  Nickname:				
Address:	Email:  Alternate Phone Number:			

Recruitment Information			
Position Applying For:			
Available to Work:			
Or Specify Shift Preferences: $\Box$ 1 <sup>st</sup> Shift $\Box$ 2 <sup>nd</sup> Shift $\Box$ 3 <sup>rd</sup> Shift			
□ Other(s)			
What days and hours are you available to work?    Mondays from am / pm (circle one) to am / pm (circle one)   Tuesdays from am / pm (circle one) to am / pm (circle one)   Wednesdays from am / pm (circle one) to am / pm (circle one)   Thursdays from am / pm (circle one) to am / pm (circle one)   Fridays from am / pm (circle one) to am / pm (circle one)   Saturdays from am / pm (circle one) to am / pm (circle one)   Sundays from am / pm (circle one) to am / pm (circle one)			
How did you learn about this position?			
☐ Job advertisement (identify publication or other media):			
☐ Employee referral (identify employee):			
☐ Other (please specify):			
Have you previously worked for the tribe? ☐ Yes ☐ No			
If yes, under what conditions did you leave employment before?			

Education
For each level of schooling below, please write the school name, the city and state where it is located, your major and minor subjects, and the degree or diploma you received.
High School:
College 1:
College 2:
Graduate School:
Business, Trade, or Other Schools:
Work History
Starting with your current or most recent employer, please provide the following information about the last three companies for which you have worked.
Employer 1 (current or most recent)
Company Name:
Address:
Dates Employed:
Job Title(s) Held:
Job Responsibilities:
Name of Immediate Supervisor(s):
Phone Number of Immediate Supervisor (s):

Employer 2
Company Name:
Address:
Dates Employed:
Job Title(s) Held:
Job Responsibilities:
Name of Immediate Supervisor(s):
Phone Number of Immediate Supervisor (s):
Employer 3
Company Name:
Address:
Dates Employed:
Job Title(s) Held:
Job Responsibilities:
Name of Immediate Supervisor(s):
Phone Number of Immediate Supervisor (s):

Applicant Consent			
Please carefully read the statements below and initial each one to indicate that you understand and agree to the terms stated. Then sign this form at the bottom.			
	I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or providing deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.		
I give consent to the <b>Upper Mattaponi Indian Tribe</b> to contact the employers listed on this form for my employment references. I authorize these individuals to provide truthful information regarding my employment and previous work experience. In doing so, I waive liability against the employers and individuals contacted as my references, provided the information they supply is honest, factual and given without malice.			
Applicant's Signature:		Date	
Company Purposes Only			
Interviev	ver's Signature:	Date	