

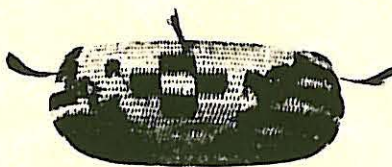
# Robinson Rancheria Citizens Business Council

1545 E. Highway 20 • P.O. Box 4015 • Nice, California 95464

Phone (707) 275-0527 • Fax (707) 275-0235

## APPLICATION FOR EMPLOYMENT

Date:	Birth Date:	Drivers License:	Social Security Number:	
Name: Last		First	Middle	
Phone Number: Home		Cell		
Permanent Address	Street	City	State	Zip Code
If related to anyone in our Employ, Referred List name and Department				
Are you claiming Native American preference? Yes No		If yes tribal affiliation		
Employment Desired Position		Date you start	Salary Desired	
Employed now:		If so, may we inquire of your present employer		
Applied to this Company before?		Where	When	
The age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 60 years of age or older.				
EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
BUSINESS OR CORRESPONDENCE SCHOOL				
List of special study or research work				
Activities: (Civic, Athletic, Etc.)				



### Employment History

Month/Year	Employer name, Address and Phone	Salary	Position/Supervisor	Reason for Leaving

Specialty License / Certificates

References: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone	Occupation	Years Acquainted

In Case of Emergency Notify:

Name	Relationship
Address	Phone No.

*I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my Employment is for no definite period. And may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.*

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Reviewed By _____	Date _____
Remarks _____	
Neatness _____	Ability _____
Hired _____	Position _____ Department _____
Salary _____	Date Reporting to Work _____
Approved _____	

