

SUNRISE PARK RESORT

Division of Human Resources

P.O. Box 117 Greer, AZ 85927

APPLICATION FOR EMPLOYMENT

1. Read all instructions carefully. (please print or type)
2. Fill in all areas requested; if NOT APPLICABLE, write N/A. Do not leave any spaces blank.
3. Type or print information and fill in information neatly and accurately.

ASSISTANCE IN FILLING OUT THIS APPLICATION IS AVAILABLE THROUGH THE SUNRISE PARK RESORT HUMAN RESOURCES DEPARTMENT

* After application has been stamped and received by personnel, it becomes the property of the Sunrise Park Resort Division of Human Resources-Personnel Dept. NO FUTURE COPIES MAY BE MADE.

Section A

1. POSITION APPLIED FOR:	DATE:	2. ANNOUNCEMENT NO.
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Section B APPLICANT INFORMATION

3. NAME (Last, First, Middle):		4. SOCIAL SECURITY NUMBER	
5. ADDRESS (P.O. Box number/Street/Apt. No.)		CITY, STATE, ZIP CODE	
6. PHONE NUMBERS (Home, Work, Message)		7. TRIBAL AFFILIATION	
8. HAVE YOU EVER BEEN EMPLOYED WITH THE TRIBE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATES:			
9. ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO			
10. DRIVER'S LICENSE NUMBER (IF REQUIRED FOR JOB):		STATE:	
11. A. HAVE YOU BEEN CONVICTED OF ANY CRIME IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO B. HAVE YOU EVER BEEN CONVICTED OF FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If "YES" to either question, please explain the nature of the offense, date & location. Such information may be relevant, if job related, but it need not bar your application from consideration.)</small>			

APPLICANT'S NAME

Section C EDUCATIONAL HISTORY

School Name	Location (City, State)	Major Course or Subject	Graduated		Degree
			Yes	No	
HIGH SCHOOL					
TECHNICAL SCHOOL (After High School)					
COLLEGE (List All Attended)					
OTHER EDUCATION/TRAINING					
LICENSES OR CERTIFICATIONS					

Section D WORK HISTORY

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

LAST OR PRESENT COMPANY:		TYPE OF BUSINESS:	JOB TITLE:
STREET ADDRESS:		PHONE NUMBER:	BRIEF DESCRIPTION OF JOB DUTIES:
CITY:	STATE:	ZIP CODE:	
SUPERVISOR'S NAME:		PHONE NUMBER:	
BASE SALARY:	DATES WORKED: FROM:	TO:	
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER? Y/N

PREVIOUS COMPANY:		TYPE OF BUSINESS:	JOB TITLE:
STREET ADDRESS:		PHONE NUMBER:	BRIEF DESCRIPTION OF JOB DUTIES:
CITY:	STATE:	ZIP CODE:	
SUPERVISOR'S NAME:		PHONE NUMBER:	
BASE SALARY:	DATES WORKED: FROM:	TO:	
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER? Y/N

PREVIOUS COMPANY:		TYPE OF BUSINESS:	JOB TITLE:
STREET ADDRESS:		PHONE NUMBER:	BRIEF DESCRIPTION OF JOB DUTIES:
CITY:	STATE:	ZIP CODE:	
SUPERVISOR'S NAME:		PHONE NUMBER:	
BASE SALARY:	DATES WORKED: FROM:	TO:	
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER? Y/N

Section E REFERENCES

List three persons **not related** to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (Street, City, State, ZIP Code)	Phone No. (Including Area Code)	Occupation

Section F STATEMENT OF CERTIFICATION—APPLICANT SIGNATURE

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct, and complete to the best of my knowledge and belief. I also acknowledge that, should investigation at any time disclose any misrepresentation or falsification, my application may be rejected. My name may be removed from further consideration, and, I may be disqualified from future examinations and/or terminated from employment. I also authorize the Sunrise Park Resort Division of Human Resources, Personnel Department, to make all necessary appropriate investigations allowable by law to verify the information provided: _____

Signature of Applicant: _____ Date: _____