



REDDING RANCHERIA

2000 Rancheria Road
Redding, CA 96001
Phone 530-225-8979
Fax 530-242-4563

Clear Form

Save

Application for Employment

Name:		Date:	
Address:		City	State Zip
Telephone number:		Cell phone number:	
E-mail Address:			
Position desired:			
Available date:		Salary desired:	
Are you employed now?		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of employment desired? <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			

This application must be completed in its entirety.

PERSONAL INFORMATION

Can you provide evidence of your identity and legal authorization to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Current Head Start parent/participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" indicated, Tribal affiliation: (Attach verifiable Indian certification)

EDUCATION

	Name/Location of school	Courses studied	Graduated
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No



List other training or skills: _____

Are you related to anyone employed by Redding Rancheria or its divisions? Yes No

If yes, state name and relationship: _____

EMPLOYMENT

Please begin with most recent employment.

From	To	Employer Name	Duties
Start Salary	End Salary	Job Title	
Address, City, State			Phone #
Supervisors Name		Supervisor Phone	Reason for Leaving

From	To	Employer Name	Duties
Start Salary	End Salary	Job Title	
Address, City, State			Phone #
Supervisors Name		Supervisor Phone	Reason for Leaving

From	To	Employer Name	Duties
Start Salary	End Salary	Job Title	
Address, City, State			Phone #
Supervisors Name		Supervisor Phone	Reason for Leaving

From	To	Employer Name	Duties
Start Salary	End Salary	Job Title	
Address, City, State			Phone #
Supervisors Name		Supervisor Phone	Reason for Leaving



CRIMINAL HISTORY

Have you ever been arrested, fingerprinted, charged, prosecuted or convicted for a felony, or are you currently being prosecuted for a felony? (If yes, please explain.)

Yes

No

REDDING RANCHERIA GUIDING VALUES OF OUR WORKPLACE

These values are guidelines for our behavior as staff members of Redding Rancheria. We expect that people will apply them with intelligence and judgment, recognizing that at times there are some natural tensions among the values.

Serving others

We are here to provide excellent service with a caring attitude. We are proud that our work serves tribal members, each other and the larger community.

Working together

We are actively involved in building a spirit of teamwork and collaboration, within and between departments, functions and workplaces. Because we work together and support each other, we are a smarter and more effective group.

Doing what's right

Our decisions and actions reflect integrity and honesty. We are committed to earning and keeping the trust of the people we serve. We do not seek nor accept personal gain for our actions.

Embracing change

We honor our traditions and recognize that change is an ongoing part of our environment. We face the challenges and changes in our work with creativity, innovation, adaptability and sense of humor.

Respecting differences

We seek to understand differences in ideas, approaches and perspectives and we welcome people from all backgrounds. We understand that our diversity makes us stronger and better as a community.

Balancing life

Although work is our focus together, we realize that life is more than work. We encourage healthy lifestyles that support mental and physical well-being. We believe a balanced employee is a happier and more productive.





**AUTHORIZATION TO RELEASE INFORMATION
(PLEASE READ BEFORE SIGNING)**

I hereby certify that all entries on this application and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of the Redding Rancheria. I understand that all information on this application is subject to verification and I consent to criminal history background checks (where applicable). I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Redding Rancheria to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the Human Resources Department of the Redding Rancheria.

The undersigned has applied for employment with Redding Rancheria. In connection with said application, the undersigned hereby requests any and all former employers to whom a copy of this authorization is furnished, to release any information requested concerning my former employment to Redding Rancheria, c/o Employment Relations Manager, 2000 Redding Rancheria Road, Redding, CA 96001, including copies of documents contained in my personnel file, whether or not said information or documents are otherwise regarded as confidential.

The authorization shall remain in effect from _____, 20____, to _____, 20__.

While the purpose of this authorization is to provide Redding Rancheria with information it needs to evaluate my qualifications for employment, I agree that my former employers shall not be liable for any damages that may result from their release of information to Redding Rancheria pursuant to this authorization. I shall not seek to recover any such damages from my former employers.

This authorization to release information is intended to satisfy the requirements of 5 U.S.C. section 552 (a) (b) and (d) (1) or any similar state or federal statute, regulation, rule or policy authorizing or requiring the release of information about an individual maintained by any person entity or governmental agency.

Signature

Date

Type or print name

