

Position Applying for: _____

Date: _____

Greenville Rancheria Employment Application

Notice to Applicant: The Crime Control Act of 1990, Public Law 101-647 (codified in 42 United States Code § 13041), requires that employment applications for child care positions have applicants sign a receipt of notice that a national criminal record check will be conducted as a condition of employment. For the purposes of employment **all positions** must pass the highest criteria set forth by the laws.

| | | | | | | |
|---|------------|--------------------------|---------------|--|--------------------|--|
| 1. Full Name | | | | 2. Date of Birth | | |
| Last Name | First Name | Middle Name | Jr., II, etc. | Month 00 | Day 00 | |
| 3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s). | | | | 4. Driver's License | | |
| Name | | | | Do you have a valid Drivers License or valid ID? _____ | | |
| | | | | Available to Work | | |
| ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, CAN YOU FURNISH PROOF OF ELIGIBILITY TO WORK IN THIS COUNTRY? YES <input type="checkbox"/> NO <input type="checkbox"/> ARE YOU NATIVE AMERICAN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE PROVIDE COPY OF THE TRIBAL ENROLLMENT OR BLOOD CERTIFICATE AS AN ATTACHMENT, INDIAN PREFERENCE APPLIES TO ALL POSITIONS UNDER TITLE 25, SECTION 472 AND 473 | | | | Full-Time _____ Part-Time _____ Temporary _____ | | |
| 5. Your Telephone No. | | 6. Place of Birth | | | | |
| () | | City | County | State | | |
| 7. Residence – List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list. | | | | | | |
| Month/Year | Month/Year | Street Address | City | State | Zip code | |
| 1) | To Present | | | | | |
| Month/Year | Month/Year | Street Address | City | State | Zip code | |
| 2) | To | | | | | |
| Month/Year | Month/Year | Street Address | City | State | Zip code | |
| 3) | To | | | | | |
| Month/Year | Month/Year | Street Address | City | State | Zip code | |
| 4) | To | | | | | |
| 8. Residence/Employment in Tribal Community – List any Tribal communities in which you have lived or worked in the last 5 years. | | | | | | |
| | | | | | | |
| 9. Education – List the schools you have attended, beginning with the most recent and working back 5 years. Use item 22, if more space is needed. | | | | | | |
| Month/Year | Month/Year | Name of School | | Degree/Diploma/Other | Month/Year Awarded | |
| | To | | | | | |
| Street Address and City of School | | | | State | Zip Code | |
| NOTES: | | | | | | |
| | | | | | | |

10. Employment - List your employment activities, beginning with the present and working back 5 years. The 5-year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school."

| | | | | | |
|-------------------------|------------|-------------------------|--------------------------|-------|-------------------------|
| Month/Year | Month/Year | Employer Name | Position Title | | |
| 1) | To Present | | | | |
| Employer Street Address | | | City | State | Zip Code |
| Supervisor's Name | | Telephone number () | Other Employer Reference | | Telephone Number () |
| Reason you left | | | | | |

Employment Cont.

| | | | | | |
|-------------------------|------------|-------------------------|--------------------------|-------|-------------------------|
| Month/Year | Month/Year | Employer Name | Position Title | | |
| 3) | To | | | | |
| Employer Street Address | | | City | State | Zip Code |
| Supervisor's Name | | Telephone number () | Other Employer Reference | | Telephone Number () |
| Reason you left | | | | | |

Employment Cont.

| | | | | | |
|-------------------------|------------|-------------------------|--------------------------|-------|-------------------------|
| Month/Year | Month/Year | Employer Name | Position Title | | |
| 4) | To | | | | |
| Employer Street Address | | | City | State | Zip Code |
| Supervisor's Name | | Telephone number () | Other Employer Reference | | Telephone Number () |
| Reason you left | | | | | |

Employment Cont.

| | | | | | |
|-------------------------|------------|-------------------------|--------------------------|-------|-------------------------|
| Month/Year | Month/Year | Employer Name | Position Title | | |
| 5) | To | | | | |
| Employer Street Address | | | City | State | Zip Code |
| Supervisor's Name | | Telephone number () | Other Employer Reference | | Telephone Number () |
| Reason you left | | | | | |

| Application continuation | | | | |
|--|---|----------------|---|----------|
| Last Name | First Name | Middle Initial | Jr., II, etc. | |
| 11. Personal References – List 3 people who know you well. They should be good friends, peers, roommates, etc., and who have known you for at least the last 5 years. Try not to list relatives or anyone who is listed elsewhere else on this application. | | | | |
| 1) Name | Dates Known Month/Year Month/Year To | | Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night () | |
| Home or Work Address | City | | State | Zip Code |
| 2) Name | Dates Known Month/Year Month/Year To | | Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night () | |
| Home or Work Address | City | | State | Zip Code |
| 3) Name | Dates Known Month/Year Month/Year To | | Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night () | |
| Home or Work Address | City | | State | Zip Code |

| Background Information – For all questions, provide all additional required information in the space provided or on a separate sheet. Ensure full name and social security number is on any attachments to this application. | | |
|--|---------------------------------|--------------------------------|
| 12. In the last 5 years, have you been arrested for, charged with, or convicted of, been imprisoned, been on probation, or been on parole for any offense(s)? Include all offenses where you have been found guilty, pled guilty or nolo contendere (no contest). (Leave out traffic fines of less than \$150.00.) If “YES”, use item 22 to provide the date , explanation of violation, place of occurrence, and the name and address of the police department or court involved. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 13. Have you been convicted by a military court-martial in the past 5 years? If “YES”, use item 22 to provide the date , explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 14. Are you now under charges for any violation of law? If “YES”, use item 22 to provide the date , explanation of violation, place of occurrence, and the name and address of the police department or court involved. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 15. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems? If “YES”, use item 22 to provide the date , an explanation of the problem, reason for leaving, and the employer’s name and address. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 16. Have you ever been arrested for or charged with a crime involving a child? If “YES”, use item 22 to provide the date , explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| REQUIRED BY PL 101-647 | | |

| Application continuation | | | | |
|---|------------|----------------|---------------------------------|--------------------------------|
| Last Name | First Name | Middle Initial | Jr., II, etc. | |
| <p>17. Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious offense, or any of two or more misdemeanor offenses under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children?</p> <p>If "YES," use item 22 to provide the date, explanation of the violation, disposition of the arrest(s) or charge(s), place of occurrence, and the name and address of the police department or court involved.</p> <p>REQUIRED BY 25 CFR 63.15</p> | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <p>18. In the last 5 years have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenic (LSD, PCP, etc.), or illegally used prescription drugs?</p> <p>If "YES", use Item 22 below to provide the date(s) of use, identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used. Include any treatment or counseling received.</p> | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <p>19. In the last 5 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?</p> <p>If "YES", use Item 20 below to provide information relating to the type of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs.</p> | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <p>20. Use this space to provide explanations to any questions you may have answered, "YES" on this questionnaire.</p> | | | | |

| Certification that My Answers are True | | |
|---|--------------|-------|
| <p>My statements on this questionnaire, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this questionnaire or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Applicant's initials Date</p> <p>I certify that my responses to the above questions are made under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the Greenville Rancheria and my rights to challenge the accuracy and completeness of any information contained in the report.</p> | | |
| _____ | _____ | _____ |
| Applicant's Signature | Printed Name | Date |

Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, motor vehicle records information, and national criminal history record information.

I further authorize any investigator, or other duly accredited representative of the **Greenville Rancheria**, who is conducting my background investigation, to request national criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by **Greenville Rancheria** and only for the purpose of determining my suitability for employment with the **Greenville Rancheria**.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the **Greenville Rancheria**, whichever is sooner.

| | | | |
|---|--------------|------------------------|------------------------------------|
| Signature (sign in black ink) | Printed Name | | Date Signed |
| Position for Which you are being Investigated | | Primary Contact Number | |
| Current Address | State | Zip Code | Secondary Contact Number () |