



## Application For Employment

Preference may be given to qualified Native American applicants according to the Indian Preference hiring Act, CFR 25 USC 472.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

### Personal Information

Name		Social Security #	
Address		City	State Zip
Are you 18 or older? Yes      No	If No, Date of Birth	Emergency Contact (Name, Relationship, Phone #)	
Phone Number	Mobile Number	Email Address	
Are you entitled to work in the US? Yes      No	Are you a member of a Federally Recognized Tribe? No      Yes, List Tribe:	Have You Ever Worked for Big Valley Rancheria? Yes      No	
Have you ever been convicted of a felony? Yes      No		If yes, please explain:	
If selected for employment are you willing to submit to a background check? Yes      No		Are you a Veteran? Yes      No      Branch of Service:	

### Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		
How did you hear about this position?		

### Education

School Name	Location	Years Attended	Degree Received	Major

List any applicable special skills, training, or proficiencies:

### References

Name	Title	Company	Phone

## Employment History

<b>Employer (1)</b>		Job Title	Pay Rate	
Phone	May we contact? Yes                  No		Dates of Employment From                  To	
Address		City	State	Zip

Reason for Leaving:

<b>Employer (2)</b>		Job Title	Pay Rate	
Phone	May we contact? Yes                  No		Dates of Employment From                  To	
Address		City	State	Zip

Reason for Leaving:

<b>Employer (3)</b>		Job Title	Pay Rate	
Phone	May we contact? Yes                  No		Dates of Employment From                  To	
Address		City	State	Zip

Reason for Leaving:

<b>Employer (4)</b>		Job Title	Pay Rate	
Phone	May we contact? Yes                  No		Dates of Employment: From                  To	
Address		City	State	Zip

Reason for Leaving:

<b>Employer (5)</b>		Job Title	Pay Rate	
Phone	May we contact? Yes                  No		Dates of Employment From                  To	
Address		City	State	Zip

Reason for Leaving:

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

Name (Please Print)	Signature
Date	

**Equal Employment Advisory Council**  
**Revised Alternative “Suggested Employee Questionnaire”**  
**for Self-Identification of Race/Ethnicity**

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**INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual’s terms and conditions of employment, because of such individual’s race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

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**INVITATION TO SELF-IDENTIFY**

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

- Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American:** a person having origins in any of the black racial groups of Africa.
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races:** a person who primarily identifies with two or more of the above race/ethnicity categories.