

**APPLICATION FOR EMPLOYMENT**

*AN EQUAL OPPORTUNITY EMPLOYER*

**PLEASE READ COMPLETE BEFORE FILLING OUT THIS APPLICATION**

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED.

APPLICATIONS ARE CURRENT FOR 60 DAYS, IF YOU ARE STILL INTERESTED IN A POSITION AFTER 60 DAYS, A NEW APPLICATION MUST BE FILED.

PLEASE COMPLETE EACH SECTION OF THIS APPLICATION, (PLEASE PRINT IN INK).

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST DATE

ADDRESS: \_\_\_\_\_  
(P.O. BOX#/STREET) TELEPHONE NUMBER

\_\_\_\_\_  
CITY STATE ZIP CODE SOCIAL SECURITY #

ARE YOU, OR HAVE YOU BEEN KNOWN BY ANY OTHER NAME? [ ] YES [ ] NO  
IF YES, PLEASE LIST NAME(S): \_\_\_\_\_

**GENERAL EMPLOYMENT INFORMATION**

POSITION APPLYING FOR: \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER? [ ] YES [ ] NO ARE YOU EMPLOYED NOW? [ ] YES [ ] NO

ON WHAT DATE WOULD YOU BE ABLE TO WORK? \_\_\_\_\_

ARE YOU A GILA RIVER TRIBAL MEMBER? [ ] YES [ ] NO IS YOUR SPOUSE? [ ] YES [ ] NO

ARE YOU NATIVE AMERICAN? [ ] YES [ ] NO IF YES, WHICH TRIBE? \_\_\_\_\_

DO YOU RESIDE ON THE GILA RIVER RESERVATION? [ ] YES [ ] NO

HAVE YOU EVER FILED AN APPLICATION HERE BEFORE: [ ] YES [ ] NO  
IF YES, GIVE DATE \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? [ ] YES [ ] NO  
IF YES, GIVE DATE \_\_\_\_\_

ARE YOU AVAILABLE TO WORK: [ ] FULL-TIME [ ] PART-TIME [ ] TEMPORARY  
[ ] NIGHTS [ ] OVERTIME [ ] WEEKENDS

IF ANY LIMITATIONS TO THE ABOVE, PLEASE EXPLAIN: \_\_\_\_\_

EDUCATION				
	NAME & LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, CORESP. SCH.				

<sup>1</sup>THE AGE DISCRIMINATION IN THE EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 YEARS OF AGE.

GENERAL	
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____	
WHAT LANGUAGES DO YOU SPEAK FREQUENTLY? _____	
READ _____	WRITE _____
U.S. MILITARY OR NAVAL SERVICES _____	RANK _____
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____	

FORMER EMPLOYERS				
LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST:				
DATE, MONTH, AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

REFERENCES			
GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.			
NAME	ADDRESS & TELEPHONE NUMBER	BUSINESS	YEARS AQUAINTED

**EMPLOYEE REPRESENTATIONS**

WHAT KIND OF EMPLOYEE WILL YOU BE, REGARDING THE FOLLOWING:

ATTENDANCE: \_\_\_\_\_  
PERFORMANCE: \_\_\_\_\_  
ATTITUDE: \_\_\_\_\_  
RESPONSIBILITIES: \_\_\_\_\_

***THE COMPANY WILL RELY ON YOUR REPRESENTATIONS***

**PERSONAL**

DO YOU HAVE ANY RELATIVES OR FRIENDS EMPLOYED HERE:  YES  NO  
NAME AND RELATIONSHIP: \_\_\_\_\_

DO YOU HAVE A VALID ARIZONA DRIVER'S LICENSE?  YES  NO  
DRIVER'S LICENSE NUMBER: \_\_\_\_\_

HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED OR REVOKED WITHIN THE PAST THREE YEARS?  
 YES  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU WILLING TO USE YOUR VEHICLE FOR WORK/BUSINESS PURPOSES?  YES  NO

ARE YOU A U.S. CITIZEN?  YES  NO IF NOT, WHAT IS YOUR STATUS? \_\_\_\_\_

Form Immigration Reform and Control Act of 1986, verification of an applicant's identity and eligibility for employment is necessary. Identifying documents include: U.S. Passport, Certificate of U.S. Citizenship, Certificate of Naturalization, Foreign Passport with unexpired endorsement by Attorney General for work in U.S. or resident alien/registration card containing photograph and authorizing employment.

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?  YES  NO  
(CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.)  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

IN CASE OF EMERGENCY, WHO SHOULD THE COMPANY CONTACT?  
NAME AND TELEPHONE NUMBER \_\_\_\_\_

**APPLICANT'S STATEMENT**

1. All information given by me in the application is true and correct. False information (misrepresentation or omission of information called for) is grounds for dismissal. I authorize investigation of all information contained herein and specifically authorize the employees and references to give you any information concerning me, and by doing so, release all persons from liability for any damage that may result from furnishing information to you.
2. In consideration for my employment, I agree to conform to the policies, practices, rules/regulation and guidelines, which may be changed from time to time. I further agree that my employment (and the terms and benefits provided to me) is not intended, and does not, constitute any contractual relations and is for no definite period of time and is terminable by myself or the Company with or without notice and with out cause. No oral statement or representation made either before or during employment can change or modify this non-contractual and at-will relationship.
3. In further consideration for my employment, I understand and agree that there are other forms, statements, and provisions that have to be completed and agreed to, and those forms, statements, and provisions are part of this application and will be included within my employment records.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Applicant:

Gila River Telecommunications employees, as a condition of employment, are required to be free from any measurable amounts of illegal drugs and/or alcohol or controlled substances. Because Gila River Telecommunications is committed to providing a drug-free working environment for our customers and employees, all offers of employment are contingent upon a urinalysis drug test which indicates that you are free from illegal drugs/alcohol or controlled substances.

If you are offered a position with Gila River Telecommunications, you will be required to report within 24 hours, with photo identification, to take a urinalysis drug test. Although certain security measures are taken in order to prevent cheating, your personal privacy in the collection process will be respected. The results of this test will be forwarded to the appropriate person at Gila River Telecommunications.

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**CONSENT AND RELEASE FOR TESTING**

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I consent freely and voluntarily to the collection and testing of my urine. I hereby release and hold harmless Gila River Telecommunications, its employees, designated representatives and agents, for any liability whatsoever arising from this request to furnish my specimens, the testing of my specimens, and decisions made concerning my application for employment or my continued employment based upon the results of these tests. I further authorize the confidential release of the laboratory results to Gila River Telecommunications or designee of Gila River Telecommunications at any future date as they are needed.

If I should test positive for prescription medication and there is no record of verification of prescriptions, I understand that my test results will be considered positive and that I will not be eligible for a position at Gila River Telecommunications, Inc.

I have read the instructions to applicant regarding the drug testing process and I understand all the requirements.

I have read and understand the above. I understand the Gila River Telecommunications, Inc. drug policy and I am aware of the consequences of policy violation.

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Signature of Applicant

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Date

## **“STATEMENT OF NONDISCRIMINATION”**

Gila River Telecommunications, Inc. is the recipient of federal financial assistance from the Rural Utilities Service, an agency of the United States Department of Agriculture, and is subject to the provision of the Title VI of the Civil Rights Act of 1964, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, The Age Discrimination Act of 1975, as amended and the rules and regulations of the United States Department of Agriculture which provides that no person in the United States on the basis of race, color, national origin, age, or handicap shall be excluded from participation in, admission or access to, denied benefits of, or otherwise subject to discrimination under any of this organization’s programs or activities.

The person responsible for coordinating this organization’s nondiscrimination compliance efforts is Leeanna Paul, Human Resources Representative. Any individual, or specific class of individuals, who feel that this organization has subjected them to discrimination may obtain further information about the statutes and regulations listed above from and/or file a written complaint with this organization: or the Secretary, U.S. Department of Agriculture, Washington, DC 20250 or the Administrator, Rural Utilities Services, Washington, DC 20250

**COMPLAINTS MUST BE FILED WITHIN 180 DAYS OF THE ALLEGED DISCRIMINATION. CONFIDENTIALITY WILL BE MAINTAINED TO THE EXTENT POSSIBLE.**