



Bridgeport Indian Colony
P.O. Box 37, Bridgeport, CA 93517
Phone: (760) 932-7083 / Fax: (760) 932-7846

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

EMPLOYMENT DESIRED

Position for which you are applying: _____

PERSONAL INFORMATION

Name: _____ Social Security Number: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: () _____ Cell: () _____ Message: () _____

Are you 18 years of age or older? [] Yes [] No Do you have a valid driver's license? [] Yes [] No State Issued: _____

If offered employment by the Bridgeport Indian Colony, can you show proof that you have the right to work in the U.S.? [] Yes [] No

INDIAN PREFERENCE

Preference in hiring will be given to qualified American Indians in accordance with the Indian Preference Act.

Are you a member of this Tribe? [] Yes [] No. Are you a member of another Tribe? [] Yes [] No If yes, you must provide documentation of Indian status to be eligible.

EDUCATION AND TRAINING

Have you graduated from high school? []Yes []No If no, what is the highest grade you completed? _____

Have you completed your GED? []Yes []No

EDUCATION	NAME/LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	DEGREE/FIELD OF STUDY
High School			[<input type="checkbox"/>]Yes [<input type="checkbox"/>]No	
College			[<input type="checkbox"/>]Yes [<input type="checkbox"/>]No	
Trade/Technical School			[<input type="checkbox"/>]Yes [<input type="checkbox"/>]No	

LICENSES/CERTIFICATES that may be considered for the position that you want (if more space is needed, attach a sheet of paper)

Type of license or certificate: _____

Number: _____ Issuing Agency: _____ Expiration Date: _____

List all clerical, office and computer skills:

Word Processing: _____ Spreadsheets: _____

Data Bases: _____ Graphics: _____

Desktop Publishing: _____ Other: _____

Typing (WPM) _____ Shorthand (WPM) _____ Other: _____

List all office equipment that you have experience using: _____

List any additional skills you would like us to know about in considering your application for employment: _____

MILITARY SERVICE RECORD

Branch of service: _____ Rank _____ Date of Discharge _____

Present member of the National Guard or Reserves? []Yes []No Date obligation ends _____

EMPLOYMENT HISTORY

Were you previously employed by the Bridgeport Indian Colony? [] Yes [] No If yes, please specify job title and dates of employment: _____

In the following section, please describe the experience you have which demonstrates that you have the knowledge and skills to perform the duties of the job you are applying for. You may include on-the-job, volunteer and military experience. Begin with your present/most recent job.

May we contact your current employer? [] Yes [] No

POSITION/SALARY	DESCRIPTION OF DUTIES AND RESPONSIBILITIES	CONTACT INFORMATION
Dates of Employment:		Name of Employer:
Your Title:		Address:
Starting Salary \$ _____		City/State/Zip
Ending Salary \$ _____		Phone Number:
Hours per Week: _____		Supervisor's Name & Title:
No. of People you Supervised: _____		Reason for Leaving:

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Dates of Employment:		Name of Employer:
Your Title:		Address:
Starting Salary \$ _____		City/State/Zip
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No. of People you Supervised: _____		Reason for Leaving:

CONVICTION(S)

Have you ever been convicted of a felony? [] Yes [] No. If yes, please attach additional page with explanation of conviction.

CONVICTION OF A FELONY WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT. EACH CASE WILL BE CONSIDERED INDIVIDUALLY BASED ON HOW IT RELATES TO THE DUTIES OF THE POSITION YOU ARE APPLYING FOR.

REFERENCES

PERSONAL/PROFESSIONAL	NAME	ADDRESS	PHONE
[] Personal [] Professional			
[] Personal [] Professional			
[] Personal [] Professional			
[] Personal [] Professional			

CERTIFICATION, AUTHORIZATION AND RELEASE

All of the information provided on this application and attachments is true and complete to the best of my knowledge and I understand that any misstatement of fact may result in my disqualification from consideration for employment with the Bridgeport Indian Colony (BIC) or in the termination of my employment with BIC. I authorize the BIC to contact my prior employers, educational institutions, references, and any institution or organization with whom I have been associated to give the Bridgeport Indian Colony any pertinent information about my employability; and

I further release the individual, company, institution or organization and all individuals connected therewith from all liability whatsoever incurred in giving such information; and further release the BIC from all liability whatsoever incurred in obtaining or using such information.

___ **Initials** I have read and agreed to the certification, authorization, and release stated above.

Signature of Applicant: _____ **Date:** _____