



APPLICATION FOR EMPLOYMENT

Southern Ute Indian Tribe Growth Fund
14933 Highway 172
Ignacio, Colorado 81137
970-563-5000

INCOMPLETE & UNSIGNED APPLICATIONS MAY NOT BE CONSIDERED

POSITION APPLIED FOR: _____ DATE: _____

NAME: _____

HOME PHONE: _____ WORK/CELL PHONE: _____ SOCIAL SECURITY #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Have you ever been employed by us before? ___Yes ___NO.
If "YES" Please state the positions held, period of employment and reasons for leaving.

Are you lawfully authorized to work in the United States? ___Yes ___NO.

Are you a Southern Ute Tribal Member? ___Yes ___NO Census Number: _____

Are you an American Indian Spouse of a Tribal Member? ___Yes ___NO Census Number: _____

Are you an enrolled American Indian? ___Yes ___NO Tribe: _____ Census Number: _____

Are you a Veteran? ___Yes ___NO

Are you under 18 years of age? ___Yes ___NO

Do you have a relative who works for the Growth Fund? ___Yes ___No

Please provide name and company. _____

Do you have a current, valid driver's license? ___Yes ___NO License #: _____

Do you have a CDL? ___Yes ___NO Endorsement: _____

Has your license ever been suspended or revoked? ___Yes ___NO State: _____

If so, list reason & approximate date: _____ Exp. Date: _____

Please list any traffic violation within the past three years: _____

Have you ever been convicted of a crime or pled guilty as part of a deferred judgment: ___Yes ___NO
If yes, identify nature of the offense, county & state where convicted, date of conviction & sentence or fine imposed (including an alcohol or drug-related driving offense).

If you are presently charged with committing a criminal offense, identify nature of offense, County and State where charges are pending and status of the charges: _____

WORK EXPERIENCE

List your current and past employment, beginning with the most recent employer, the next most recent and so forth.

Employer	Dates Employed		WORK PERFORMED
Address/City/State/Zip Code	FROM	TO	
Telephone Number (s) ()			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		WORK PERFORMED
Address/City/State/Zip Code	FROM	TO	
Telephone Number (s) ()			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		WORK PERFORMED
Address/City/State/Zip Code	FROM	TO	
Telephone Number (s) ()			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		WORK PERFORMED
Address/City/State/Zip Code	FROM	TO	
Telephone Number (s) ()			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
		May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS: Please explain any gaps in your work history that are longer than 3 months.

Have you ever been fired from a job or resigned under threat of being fired? ____ Yes ____ NO

If "Yes", when _____ who was the employer? _____.

What reason did the employer give you for your forced resignation? _____.

Do you meet all required educational experience and certification/license qualifications for the job? ____ Yes ____ NO

If "No", what qualifications do you lack?

If hired for this job, when would you be available for work? _____

EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	DID YOU GRADUATE?	DEGREE OBTAINED
HIGH SCHOOL			
COLLEGE/ UNIVERSITY			
COLLEGE/ UNIVERSITY			
VOCATIONAL			
OTHER			

Please list any special certifications, accreditations or licenses earned:

OTHER QUALIFICATIONS

Please list any special skills and qualifications acquired from employment or other experience:

SPECIALIZED SKILLS (Skills/Equipment Operated)

Calculator Spreadsheet Facsimile
 PC/MAC Word Processing Copier
 Typewriter Shorthand Switchboard
 WPM _____ WPM _____ _____

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors

Name	Phone Number	Best time to call	Occupation
1.			
2.			
3.			

ACKNOWLEDGEMENTS

1. I understand that if I am hired, **my employment with the Southern Ute Growth Fund (Growth Fund) is at-will and not governed by any oral or written contract, and that such employment is terminable by either the employee or the employer at any time, with or without cause or notice.** I further understand that neither this document nor any offer of employment from the Growth Fund constitutes an employment contract unless a specific document to that effect is executed by the employee in writing and approved by the Growth Fund Management Committee. I also understand that the Growth Fund Personnel Policies and Procedures are solely for information and guidance and do not constitute an express or implied contract.
2. I understand that my failure to complete or sign the Application for Employment will disqualify me from consideration for employment.
3. I understand that the Growth Fund reserves the right to interview applicants in order to obtain further clarification on education, experience, knowledge and skills to determine whether the applicant meets the minimum qualifications of the position. Granting an interview neither confirms that an applicant meets the minimum qualifications of the position nor assures employment.
4. I understand that consideration for employment in this position is contingent upon the results of references and/or background checks. I therefore authorize the Growth Fund to investigate all statements made on my Application for Employment and to discuss the results of its investigations with those responsible for hiring. I further authorize the Growth Fund to contact my former employer(s) and any listed references or other persons to verify information, and I give my consent for former employer(s) and other contacted persons to respond to questions pertaining to information on this Application for Employment. Further, I release from liability the Growth Fund and such former employer(s) or other persons contacted by, and providing information to, the Growth Fund.
5. I understand that if I am hired, the Growth Fund has the right to search desks, lockers, handbags, briefcases, personal belongings, or vehicles brought onto company premises. I understand that all electronic communications sent, received, or stored on Growth Fund or Tribal systems are the property of the Growth Fund and the Southern Ute Indian Tribe. I acknowledge that I have no expectation of privacy in connection with any communication or information I send, receive, or store using the e-mail system. I also acknowledge that the Growth Fund has the right to monitor my e-mail and Internet use, and I understand that such monitoring can include intercepting, copying, printing, or reading all e-mail entering, leaving or stored on the system.
6. I understand that if hired, policies, procedures, and benefits of the Growth Fund may be changed, modified, eliminated, or added at any time at the Growth Fund's sole discretion and without prior notice.
7. I acknowledge that the information I have supplied is correct to the best of my knowledge and I understand that any falsifications, omissions, misrepresentations, or misstatements of information or fact may be grounds for rejection of my Application for Employment or dismissal from subsequent employment.

APPLICANT SIGNATURE

DATE

SOUTHERN UTE INDIAN TRIBE GROWTH FUND
CONSENT AND RELEASE FOR DRUG/ALCOHOL TESTING

In accordance with the Southern Ute Indian Tribe Growth Fund's Personnel Policy on Drug Free Workplace, I agree to comply thereby for purposes of applying for and, if offered, accepting employment with the Growth Fund.

Specifically, I understand and agree to undergo drug screening of my urine for purposes of assuming employment. I further understand and agree that, once employed, upon reasonable suspicion, on a random basis, or if I am involved in an accident or safety incident, I will be subject to further drug and alcohol testing of my urine or breath as a condition of employment. I hereby authorize any Southern Ute Indian Tribe Growth Fund designated physician, laboratory, hospital, medical professional, or other professional certified to perform such screening, to conduct the appropriate screening and to provide the results thereof to the Growth Fund.

I further release and provide consent that physicians, laboratories, hospitals, medical professional, or other professionals may provide to the Growth Fund any information regarding medical or professional authorization for prescription drugs which may effect or impact test results.

I release any such designated institution or person from liability for such disclosure.

I also understand and agree that, once employed, certain areas, such as my work area, desk, files, any Growth Fund vehicle, my personal car, lunch box, wallet or purse, may be subject to search on suspicion of possession of illegal substances depending upon the circumstances, as set forth in the policy.

Signature

Date

Please complete the following if the position you are applying for requires a driver's license:

Consent for Release of Information

The position you are applying for requires possession of a valid driver's license before starting work to establish insurability through the Growth Fund Vehicle Insurance Policy.

I, _____, hereby give my consent for release of information to have a Motor Vehicle Record check run on my driver's license to confirm, if hired by the Southern Ute Indian Tribe Growth Fund, that I am insurable for the operation of Growth Fund vehicles by the Growth Fund's insurance company.

My Driver's License # is: _____ State Issued: _____

Expiration Date is: _____

My Social Security # is : _____

My Date of Birth is: _____

Signature

Date

Growth Fund

Date

(Attach a legible copy of the applicant's driver's license)

Ordered by : _____

Date: _____

Results:

