



## EDUCATION

	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY (MAJOR/MINOR)	YEARS ATTENDED	DID YOU GRADUATE?	DEGREE/ DIPLOMA
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO	

## WORK HISTORY

Please give an accurate and complete full-time and part-time record. Start with present or most recent employer. Explain any breaks in employment history in comment section below.

<b>COMPANY NAME:</b>			<b>TELEPHONE:</b>
<b>ADDRESS:</b>			<b>DATES OF EMPLOYMENT</b> FROM: _____ TO: _____
<b>JOB TITLE:</b>	<b>SUPERVISOR'S NAME AND TITLE:</b>		<b>RATE OF PAY</b> START: _____ FINAL: _____
<b>POSITION DESCRIPTION AND RESPONSIBILITIES:</b>		<b>REASON FOR LEAVING:</b>	
		<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>COMPANY NAME:</b>			<b>TELEPHONE:</b>
<b>ADDRESS:</b>			<b>DATES OF EMPLOYMENT</b> FROM: _____ TO: _____
<b>JOB TITLE:</b>	<b>SUPERVISOR'S NAME AND TITLE:</b>		<b>RATE OF PAY</b> START: _____ FINAL: _____
<b>POSITION DESCRIPTION AND RESPONSIBILITIES:</b>		<b>REASON FOR LEAVING:</b>	
		<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>COMPANY NAME:</b>			<b>TELEPHONE:</b>
<b>ADDRESS:</b>			<b>DATES OF EMPLOYMENT</b> FROM: _____ TO: _____
<b>JOB TITLE:</b>	<b>SUPERVISOR'S NAME AND TITLE:</b>		<b>RATE OF PAY</b> START: _____ FINAL: _____
<b>POSITION DESCRIPTION</b>		<b>REASON FOR LEAVING</b>	
		<b>MAY WE CONTACT THIS EMPLOYER?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPANY NAME:		TELEPHONE:
ADDRESS:		DATES OF EMPLOYMENT FROM: _____ TO: _____
JOB TITLE:	SUPERVISOR'S NAME:	RATE OF PAY START: _____ FINAL: _____
POSITION DESCRIPTION AND RESPONSIBILITIES:		REASON FOR LEAVING
		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS: INCLUDE ANY RELEVANT EXPERIENCE NOT INDICATED ABOVE AND ANY BREAKS IN EMPLOYMENT.		
Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO Explain (optional):		Have you been convicted of a misdemeanor crime in the last seven (7) years?* <input type="checkbox"/> YES <input type="checkbox"/> NO Explain (optional):
Have you ever been convicted of a felony crime?* <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain (optional).		
Have you ever had your driver's license suspended or revoked as a result of moving violation(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain.		
*You may attach additional sheets if necessary. Information supplied on an applicant's conviction record will not necessarily bar that applicant from consideration for employment. The nature of, reason for, and time elapsed since the conviction will be reviewed in light of the <u>duties of the job sought</u> . Clarification may be requested by human resources and/or the interviewing panel.		
Are you willing to relocate if necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to travel if necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you able to meet the attendance requirements of the position? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to work overtime if necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, please explain:	
QHA complies with the Drug Free Workplace Act of 1988, Executive Order No. 12564. As an obligation to our employees, clients, and the public at large and to reasonably ensure safety in our workplace, all new employees will be subject to pre-employment drug screening. All job offers will be contingent upon negative results. The collection and testing are conducted in accordance with Title 49 of the Code of Federal Regulations Parts 40 and 382. Applicants who receive positive results on drug screening will have the opportunity to discuss matters with the Medical Review Officer.		
I have read and understand the above statement: <input type="checkbox"/> Yes Please initial here _____		
Note: In accordance with its sovereign powers to regulate activities within its jurisdiction, the Tribe adheres to employment practices that ensure the selection of qualified tribal members whenever possible. In order to maximize opportunities, in accordance with Section 703 of Title VII of the Civil Rights Acts of 1964 and 1990, as amended, defined by the Bureau of Indian Affairs Requirements in 25 CFR, officially enrolled members of the Tribe are given first hiring preference.		

**REFERENCES**

List names and contact information of three (3) Business/Work References WHO ARE NOT related to you and ARE NOT previous supervisors. If you do not have three (3) Business/Work References, you may list other references from school or personal acquaintance, who ARE NOT related to you.

<b>NAME:</b>	<b>YEARS KNOWN AND IN WHAT CAPACITY:</b>
<b>HOME TELEPHONE:</b>	<b>BUSINESS TELEPHONE:</b>
<b>HOME ADDRESS:</b>	<b>CITY: STATE: ZIP:</b>
<b>BUSINESS ADDRESS:</b>	<b>CITY: STATE: ZIP:</b>
<b>NAME:</b>	<b>YEARS KNOWN AND IN WHAT CAPACITY:</b>
<b>HOME TELEPHONE:</b>	<b>BUSINESS TELEPHONE:</b>
<b>HOME ADDRESS:</b>	<b>CITY: STATE: ZIP:</b>
<b>BUSINESS ADDRESS:</b>	<b>CITY: STATE: ZIP:</b>
<b>NAME:</b>	<b>YEARS KNOWN AND IN WHAT CAPACITY:</b>
<b>HOME TELEPHONE:</b>	<b>BUSINESS TELEPHONE:</b>
<b>HOME ADDRESS:</b>	<b>CITY: STATE: ZIP:</b>
<b>BUSINESS ADDRESS:</b>	<b>CITY: STATE: ZIP:</b>

**ADDITIONAL INFORMATION**

List any professional, trade, business, or civil associations and any offices held. Exclude memberships which reveal sex, race, religion, national origin, age, color disability, or any other similarly protected status.

Organization	Offices Held

**HOME ADDRESSES FOR THE PAST FIVE (5) YEARS**

You may attach additional sheets if necessary.

<b>Address:</b>	<b>From:</b>
<b>City: State: Zip:</b>	<b>To:</b>
<b>Address:</b>	<b>From:</b>
<b>City: State: Zip:</b>	<b>To:</b>
<b>Address:</b>	<b>From:</b>
<b>City: State: Zip:</b>	<b>To:</b>



I affirm that the above information is true and complete to the best of my knowledge. Should I be employed by QHA, I understand that any misrepresentations or false statements contained herein may be considered cause for discharge.

I understand that this application does not constitute an employment contract of any kind. Should I be employed by QHA, I may resign such employment at any time at my discretion, with or without prior notice, and QHA may terminate my employment at any time at their discretion, with or without cause and/or prior notice.

I understand that I need not provide QHA with my Social Security Number or proof of citizenship or work authorization at this time in accordance with the Privacy Act of 1974, which is codified at 5 U.S.C. 552a Section 7(b). However, in the event that I am employed by QHA, I understand that I will be required to provide my Social Security Number and proof of citizenship or authorization to work at that time.

**The information that is provided in this application for employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application or failure of a pre-employment drug screening may result in my dismissal.**

**I hereby consent to any required background investigations, whether relating to criminal offenses, credit, or employment history, and authorize QHA to contact entities possessing information relevant to such records and references listed above.**

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

\_\_\_\_\_  
DATE

**Confidential/office use only:**

Date Received: \_\_\_\_\_ Supporting documentation complete?  Yes  No

Is applicant entitled to preferential hire?  Yes  No If yes, list preference \_\_\_\_\_

Employment history/references verified?  Yes  No If yes, initialize and date \_\_\_\_\_

Criminal background check completed?  Yes  No If yes, initialize and date \_\_\_\_\_

Criminal history /disclosure concerns:  Yes  No (attach relevant info.)

Credit check completed?  Yes  No If yes, initialize and date \_\_\_\_\_

Date Drug Test Completed: \_\_\_\_\_ Negative results:  Yes  No

Scheduled for interview on: \_\_\_\_\_

# Quechan Housing Authority

1860 W. Sapphire Lane  
Winterhaven, California 92283

(760) 572-0243  
Fax (760) 572-0245

## Disclosure of Intention to Obtain Consumer Report for Employment Purposes

In accordance with The Fair Credit Reporting Act Section 604 (b) (2) (A) a company may obtain a credit report on all individuals who apply for employment, are current employees, or for retention of employment.

I understand that, as a condition of my consideration for employment with QHA, QHA may obtain a consumer report that includes, but is not limited to, my credit history or similar characteristics, employment and education verifications, social security verification, criminal, and civil history, Department of Motor Vehicle records, any other public records, and any other information bearing on my credit standing or credit capacity.

I understand that, pursuant to the Federal Fair Credit Reporting Act, QHA, will provide me with a copy of any such report if the information contained in such report, is in any way, to be used in making a decision regarding my fitness for employment with QHA. I further understand that such a report will be made available to me prior to any such decision being made.

Today's date: \_\_\_\_\_

I, \_\_\_\_\_ authorize Quechan Housing Authority (QHA) to run a complete **BACKGROUND SCREENING SEARCH**, which may include a **CREDIT REPORT**.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

# *Quechan Housing Authority*

1860 W. Sapphire Lane  
Winterhaven, California 92283

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Fax (760) 572-0245

## **Certification of Tribal Affiliation**

### **Form 510 S:**

To establish eligibility for Native American Preference for employment with the Quechan Tribally Designated Housing Entity, complete this form and submit with your application for employment.

This is to certify that the person named below is a member of the tribe indicated below.

\_\_\_\_\_

Full Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Enrollment Number

\_\_\_\_\_

Tribal Affiliation

I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_

Date

\_\_\_\_\_

Enrollment Officer/Tribal Representative

\_\_\_\_\_

Or (BIA Representative)