



# SANTO DOMINGO TRIBAL HOUSING AUTHORITY

Application for Employment  
(AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

NAME: \_\_\_\_\_

LAST	FIRST	MIDDLE	Social Security #
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PRESENT ADDRESS: \_\_\_\_\_

STREET	CITY	STATE	ZIP
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PERMANENT ADDRESS: \_\_\_\_\_

STREET	CITY	STATE	ZIP
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DOB \_\_\_\_\_ PHONE NO. \_\_\_\_\_ APT # \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

NAME	ADDRESS	PHONE #
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Are you a member of an Indian Tribe? YES or NO Please Specify: \_\_\_\_\_

Do you have a valid Driver's License? YES or NO

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Ever worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Name of last supervisor at this Company: \_\_\_\_\_

Who referred you \_\_\_\_\_ Employment Agency \_\_\_\_\_ Friend \_\_\_\_\_ other  
to this Company? \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Walk-in \_\_\_\_\_

## EXPERIENCE

Previous Employer	Firm Address	Dates Employed

## GENERAL

Special Training \_\_\_\_\_

Special Skills \_\_\_\_\_

**PRESENT OR FORMER EMPLOYERS:** (List below last three (3) employers with the last one first)

Name and Address of present or last employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
MONTH YEAR MONTH YEAR

STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ May we contact your Supervisor? \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ Phone No.: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Name and Address of employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
MONTH YEAR MONTH YEAR

STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ May we contact your Supervisor? \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ Phone No.: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

Name and Address of employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
MONTH YEAR MONTH YEAR

STARTING SALARY: \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ May we contact your Supervisor? \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ Phone No.: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES:** (Give below the names of three (3) persons NOT related to you, whom you know at least one year)

NAME	ADDRESS	BUSINESS	YEARS ACQUINTED

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**SERVICE RECORD**

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BRANCH OF SERVICE: \_\_\_\_\_ DISCHARGE DATE \_\_\_\_\_ RANK \_\_\_\_\_  
Present Membership in \_\_\_\_\_ DATE \_\_\_\_\_  
National Guard Ends \_\_\_\_\_ Obligation Ends: \_\_\_\_\_

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**SPECIAL QUESTIONS**

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DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT \_\_\_\_\_ FEET \_\_\_\_\_ INCHES      DATE OF BIRTH: \_\_\_\_\_  
WEIGHT \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS PRECLUDING YOU FROM ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE YOU EVER SERIOUSLY INJURED?      GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?  
DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

**I understand and that I may be required to take one or more physical examination; lie detector test(s) as a condition of hiring or continued employment. I agree to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).      YES      NO**

**I have been advised that lie detector test(s), as a condition of hiring or continued employment are prohibited by law.  
YES      NO**

**You will not be denied employment solely because of a conviction record unless the offense is related to the job for which you applied.**

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**AUTHORIZATION**

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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED FALSIFIED STATEMENTS ON THIS APPLICATION SHALL GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_