

SENECA-CAYUGA NATION

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

DATE _____

Please complete the following information for our insurance carrier.

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license

number _____ State of issue _ Operator Commercial Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Typing Yes No _____ WPM 10-key Yes No Word Processing Yes No _____ WPM

Personal Computer Yes No PC Yes No Other _____
MAC Yes No Skills _____

Please list two references other than relatives or previous employers.

Name	Name
Position	Position
Company	Company
Address	Address
Telephone ()	Telephone ()

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
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		To	Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

SENECA-CAYUGA NATION

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by the Seneca-Cayuga Nation, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Nation practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Seneca-Cayuga Nation, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Chief or Director of Intergovernmental Affairs. Both the undersigned and Seneca-Cayuga Nation may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Nation may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Nation permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Nation from any liability as a result of such contract.

I also understand that (1) the Nation has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Nation may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Nation shall be probationary for a period of forty-five (45) days, *and* further that at any time during the probationary period or thereafter, my employment relation with the Tribe is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

The Seneca-Cayuga Nation follows Indian Preference Policy.

INDIAN PREFERENCE POLICY: Preference in filling vacancies is given to qualified Indian candidates in accordance with the Indian Preference Act of 1934 (Title 25, USC, Section 472). Consideration will be given to Non-Indian applicants in the absence of qualified Indian Preference eligible.