

# Application for Employment



Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name:		Gender:
Address:		Apt. No.:
City:	State:	ZIP:
Phone:	Email:	
How did you hear about this position?:		

Type of Work:  Full-time  Part-time      Desired Salary: \$ \_\_\_\_\_      Start Date: 2019 \_\_\_\_\_

Are you willing to work overtime as necessary?  Yes  No

Is there anything that would prevent you from performing in a reasonable and safe manner the duties of the position you have applied for?  
 Yes  No

If yes, please explain:

---

---

---

Have you ever been convicted of a crime?  Yes  No

If yes, please explain:

---

---

---

Do you have the legal right to work and remain in the United States?  Yes  No

Do you have a valid Driver's License?  Yes  No

Driver's License Number: \_\_\_\_\_

Have you ever applied to or worked for UTTC before?  Yes  No

If yes, please explain:

---

---

---

State name(s) of any relative(s) in our employment and your relationship to them:

---

---

---

Indicate any foreign language and/or Indian languages or dialects you speak, read or write:

---

---

---

*A conviction record will not necessarily be a bar from employment. This information will only be used for job-related purposes and only to the extent permitted by applicable law. Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, UTTC will verify the status of every individual offered employment with UTTC. In this connection, all offers of employment are subject to verification of the applicant identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.*

# Record of Education

---

School:			
Address:			
City:		State:	ZIP:
Course of Study:	Years Completed:	Graduate:	Diploma/Degree:

School:			
Address:			
City:		State:	ZIP:
Course of Study:	Years Completed:	Graduate:	Diploma/Degree:

School:			
Address:			
City:		State:	ZIP:
Course of Study:	Years Completed:	Graduate:	Diploma/Degree:

# Employment History

---

Employer:	Job Title:		
Address:			
City:	State:	ZIP:	
Supervisor:	Phone:		
Dates Employed:	Rate of Pay:	May we contact employer?	
Describe in detail the work you performed:			
Reason for Leaving:			

Employer:	Job Title:		
Address:			
City:	State:	ZIP:	
Supervisor:	Phone:		
Dates Employed:	Rate of Pay:	May we contact employer?	
Describe in detail the work you performed:			
Reason for Leaving:			

# Employment History Continued...

Employer:	Job Title:		
Address:			
City:	State:	ZIP:	
Supervisor:	Phone:		
Dates Employed:	Rate of Pay:	May we contact employer?	
Describe in detail the work you performed:			
Reason for Leaving:			

Please include explanation of any gaps in employment:

---

---

---

Summarize job related skills and qualifications/certificates

---

---

---

Typing (WPM) \_\_\_\_\_

Computer Programs:

---

---

Other Office Equipment:

Are there any other skills, or abilities that you feel may be helpful to us in considering your application?

---

---

Have you ever served in the United States Armed Forces?  Yes  No

Are you claiming Veteran preference?  Yes  No

List duties while serving, including special training that is relevant to the position for which you have applied.

---

---

Are you claiming Indian preference?  Yes  No

Tribal Affiliation \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

# References

---

List two work related references and one personal reference (EXCLUDING Relatives)

Name:	Relationship:	
Address:		
City:	State:	ZIP:
Phone:	Date Known:	

Name:	Relationship:	
Address:		
City:	State:	ZIP:
Phone:	Date Known:	

Name:	Relationship:	
Address:		
City:	State:	ZIP:
Phone:	Date Known:	

# Pre-Employment Statement

## Susbtance Testing Permission Form

---

I freely and voluntarily give my permission to submit to urinalysis and or other screening or tests as shall be determined by United Tribes Technical College (UTTC) under its administration of applicable regulations of the U.S. Department of Transportation (DOT) including 49 CFR Parts 40 and 382, UTTC Policy and in substantial compliance with applicable state statues pertaining to a Drug Free Workplace, if any, in the selection process of all applicants for employment, for the purpose of determining the presence of, and content of, any and all of the following substances:

1. Amphetamines
  - Methamphetamine
  - MDMA (Ecstasy)
2. Cannabinoids
3. Cocaine
4. Phencyclidine (PCP)
5. Opiates
  - 6-Acetyl Morphine (Heroin)
  - Codeine
  - Morphine
6. Alcohol

I also understand and acknowledge that I may be subject to non-DOT screening and testing under UTTC Policy as set forth in the policy.

I further agree to and hereby authorize the release of the results of said tests to UTTC and to UTTC's medical review officer and its Service Agents as provided in the policy.

I understand that a negative test is a pre-condition of employment with UTTC and the refusal to submit to testing or a positive test result will result in the rejection of my application or the rescinding of a conditional offer of employment. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that preemployment screening and testing activities are conducted in compliance with the ADA requirements applicable to UTTC if any.

### Mandatory Question

**During the past two years, have you tested positive or refused to test an any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules?**

Yes     No

I further agree that a reproduced copy of this form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Printed Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Pre-Employment Statement

---

**I understand and agree that:**

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from United Tribes employment.
2. I understand that any offer of employment I may receive from United Tribes Technical College is contingent upon successful completion of the college's total pre-employment screening process, including United Tribes Technical College receiving references that it considers satisfactory.
3. If United Tribes Technical College decided to engage an investigative consumer reporting agency to report on my education or personal history, I authorize it to do so. I understand that it will do so if it has a business related reason for doing so. If a report is obtained, I understand that upon written request, the name of the agency will be provided to me so that I may obtain information regarding the nature and substance of information contained in the report.
4. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of United Tribes Technical College and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either United Tribes technical College or myself. I further understand that no manager or representative of United Tribes Technical College, other than the President has any authority to enter into an agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the individual designated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_