

TAOS PUEBLO P.O. Box 1846 Taos New Mexico 87571 <u>www.taospueblo.org</u>

APPLICATION FOR EMPLOYMENT

<u>apply@taospueblo.com</u>

Taos Pueblo in accordance with its sovereign powers to regulative activities within its jurisdiction adheres to employment practices that ensure the selection of qualified tribal members whenever possible. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or sexual orientation, or any other legally protected status, except that preference will be granted to American Indians and U.S. Veterans. Taos Pueblo recognizes the Indian Preference Act of 1991. First preference will be given to enrolled Taos Pueblo tribal members, followed by all other Native Americans.

Taos Pueblo is a Drug Free workplace and enforces a Zero Tolerance Policy against the use of illegal and controlled substances and enforces this policy by way of testing for such substances. All individuals seeking employment with the Taos Pueblo, must submit to pre-employment screening. If hired, employees may be subject to ongoing random screens at the discretion of Taos Pueblo.

GENERAL INSTRUCTIONS

- 1. All application forms must be submitted to the Human Resources Office. A separate application form is required for each job position.
- 2. Applicants shall be required to submit documented proof of any license, degree or any other required qualification stated on the job requirement for employment.
- 3. Please answer all questions, resumes are not a substitute for a completed application.
- 4. Complete the application form using black ink or typewriter.

(PLEASE PRINT)

Job Position Applied For:			Date of Application
How Did You Learn About Us?		Internet	Best time to contact you at home is:
 Employment Agency Other 			:a.m.
Type of Employment Desired:	□ Full-time □ Part-tim	e 🗆 Temporary/Seasonal	,b
Last Name	First Name	Middle N	lame
Address Number	Street	City	State Zip Code
Telephone Number(s) Primary:		Secondary:	
E-Mail		Desired	l Salary
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1. If attending Hig	gh School, do you have a c	current work permit?		\Box Yes \Box No
for employment	ization to work in the Unit t. Can you submit verification status must be provided to	ation of your legal right to	o work in the U.S.?	•
	ng Veteran preference? must be provided to the Human Resou	rces Department along with this appli	cation.	\Box Yes \Box No
Proof of Native Americ	ng American Indian prefer an heritage must be provided to the Hi Dn	uman Resources Department along wi		🗆 Yes 🗆 No
	been employed with us be esDep		Position Held:	□ Yes □ No
Reason for Sepa	aration:			
If yes, Relations	blo employ any of your resisting 1		Departme	□ Yes □ No ent:
7. Are you current	tly employed?			\Box Yes \Box No
8. May we contact	t your present employer?			\Box Yes \Box No
9. Have you ever l	been terminated or asked	to resign from any job?		\Box Yes \Box No
	sed for employment and/o			
		hrough 10 i.e.; 1 = Low 10 =	= Proficient	
Word Other 12. Do you have a va	Excel Powerl	Point Yes 🗆 No		-
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Word Other 12. Do you have a va If yes, please pro Do you have a va	Excel Powerl alid Driver's License? wide the License Number:	Point Yes		- State:
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Word Other 12. Do you have a va If yes, please pro Do you have a va EDUCATION	Excel Powerl alid Driver's License? ovide the License Number: alid CDL? 🗆 Yes 🗆 No Clas NAME AND ADDRESS	Point	YEARS	DIPLOMA/ DEGREE
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OTHER (SPECIFY)						
WORK EXPERIENCE						
Start with your present job. activities. You may exclude	e organizations	that ind	licate race, c	olor, religio	on, gen	der, national
origin, disabilities, or other pi 1) Employer					sume i	f necessary.)
	Dates Er		Wo	ork Performed		
Address	From	То				
Selephone Number(s)		ourly /Salary				
Starting/Present Job Title	<u>Starting</u>					
Reason for Leaving:			Maj	y We Contact	□ Yes	□ No
Please Explain:			Supervisor			
2) Employer	Dates Er	nployed	Wo	ork Performed		
Address	From	<u>To</u>				
Felephone Number(s)		urly Salary				
Starting/Present Job Title	Starting					
Reason for Leaving:			Maj	y We Contact	□ Yes	□ No
Please Explain:			Supervisor			
3) Employer	Dates Er	nployed		Work Perfe	ormed	
Address	<u>From</u>	<u>To</u>				
Felephone Number(s)		ourly /Salary				
Starting/Present Job Title	Starting	<u>Final</u>				
Reason for Leaving		1	Maj	y We Contact	□ Yes	□ No
Please Explain:			Supervisor			

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(4) Employer	Dates E	mployed	Work 1	Performed
Address	<u>From</u>	To		
Telephone Number(s)		urly Salary		
Starting/Present Job Title	<u>Starting</u>	<u>Final</u>		
Reason for Leaving			May We Cont	act 🗆 Yes 🗆 No
Please Explain:			Supervisor	
COMMENTS: Include an explanatio	n of any	gaps in	employment history.	
Describe any specialized training, app	rentices	ship, skill	s and extra-curricula	r activities.
Describe any specialized training, app	orentices	ship, skill	s and extra-curricula	r activities.
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Revised 2023

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APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete and understand that any false or misleading information given in my application or interview(s) shall be sufficient cause for dismissal or refusal of employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand and acknowledge that this application does not create an employment relationship with this organization.

I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

If the job position for which I am applying has a bona-fide occupational qualification of sex, physical or mental condition, ability to be bonded, or requires a criminal history background investigation, I may be required to complete a Supplemental Application form.

This application for employment will be considered active for a period of 180 days for *this position only*; after that time, if I wish to be considered for employment, I must submit a new application.

In the event of employment, I further understand that I am required to abide by all policies, rules, and regulations of Taos Pueblo.

Signature of Applicant

Date

For Human Resource Office Use Only:

Date application received: ____/___/

Application # _____

Name of individual receiving application:

Please Print