

APPLYING FOR (Use Official Job Title	Only)	Dated Received (Offici	ial Use Only)	R	Received By				
APPLICANT INFORMATION						_			
Last Name		First		MI	Date				
PO Box & Street Address				Apt/Unit #					
City		State	ZII		ZIP	IP			
Phone	one		dress						
Date Available	Social Secur	ity#		Desire	d Salary				
Indicate availability to work: Full	Time Pa	art Time Anytime	On Call						
Position Applying For:									
Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S? Yes No									
Have you ever worked for this company? Yes No If so, when?									
Have you ever been convicted of a felony? YesNo If yes, explain:									
A positive response is not an automatic bar to employment with Petersburg Indian Association. The offense for which the person was convicted in relation to the position to which they have applied will be considered.									
EDUCATION									
EDUCATION HIGH SCHOOL		NAME AND LOCATION	I		Year	r Graduated			
		NAME AND LOCATION	1		Year	r Graduated			
		NAME AND LOCATION  NAME AND LOCATION				r Graduated	Degree		
HIGH SCHOOL							Degree		
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HIGH SCHOOL	ofessional refe	NAME AND LOCATION					Degree		
HIGH SCHOOL  COLLEGE	ofessional refe	NAME AND LOCATION					Degree		
REFERENCES (Please list three pro	ofessional refe	NAME AND LOCATION	I				Degree		
REFERENCES (Please list three pro	ofessional refe	NAME AND LOCATION	Company and Title:	:			Degree		
REFERENCES (Please list three pro	ofessional refe	NAME AND LOCATION	Company and Title:	:			Degree		
REFERENCES (Please list three pro Full Name: Business Number: Full Name:	ofessional refe	NAME AND LOCATION	Company and Title: Home/Cell Number: Company and Title:	:			Degree		

EMPLOYMENT HISTORY								
Present or most recent employer								
Company Name:		Employer's Phone #:						
		City/State:						
Job Title:		Employed from:	to					
Starting Salary:		Ending Salary:	Ending Salary:					
Supervisor's Name:								
Reason for leaving:								
May we contact this employer?	Yes	No If No, please explain:						
ADDITIONAL EMPLOYMENT HISTO	RY							
Company Name:		Employe	r's Phone #:					
Address;		City/State:		Zip:				
Job Title:		Employed from:	to					
Starting Salary:		Ending Salary:						
Supervisor's Name:			<del></del> -					
• •		No If No, please explain:						
		Employer's Phone #:						
Address;		City/State:		Zip:				
Job Title:		Employed from:	to					
Starting Salary:		Ending Salary:						
Supervisor's Name:			<del></del>					
Reason for leaving:								
		No If No, please explain:						
		Employer's Phone #:						
Address;		City/State:		Zip:				
Job Title:		Employed from:	to					
Starting Salary:		Ending Salary:						
Supervisor's Name:			<del></del>					
Reason for leaving:								
•		No If No, please explain:						
		Employe						
Address;		City/State:		Zip:				
Job Title:		Employed from:	to					
Starting Salary:		Ending Salary:						
Supervisor's Name:								
Reason for leaving:								
May we contact this employer?	Yes	No If No, please explain:						