

# SUNRISE PARK RESORT

Division of Human Resources

P.O. Box 117 Greer, AZ 85927

## APPLICATION FOR EMPLOYMENT

1. Read all instructions carefully. (please print or type)
2. Fill in all areas requested; if NOT APPLICABLE, write N/A. Do not leave any spaces blank.
3. Type or print information and fill in information neatly and accurately.

### ASSISTANCE IN FILLING OUT THIS APPLICATION IS AVAILABLE THROUGH THE SUNRISE PARK RESORT HUMAN RESOURCES DEPARTMENT

\* After application has been stamped and received by personnel, it becomes the property of the Sunrise Park Resort Division of Human Resources-Personnel Dept. NO FUTURE COPIES MAY BE MADE.

#### Section A

1. POSITION APPLIED FOR:	DATE:	2. ANNOUNCEMENT NO.
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#### Section B APPLICANT INFORMATION

3. NAME (Last, First, Middle):	4. SOCIAL SECURITY NUMBER
5. ADDRESS (P.O. Box number/Street/Apt. No.)	CITY, STATE, ZIP CODE
6. PHONE NUMBERS (Home, Work, Message)	7. TRIBAL AFFILIATION
8. HAVE YOU EVER BEEN EMPLOYED WITH THE TRIBE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATES:	
9. ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. DRIVER'S LICENSE NUMBER (IF REQUIRED FOR JOB):	STATE:
11. A. HAVE YOU BEEN CONVICTED OF ANY CRIME IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO B. HAVE YOU EVER BEEN CONVICTED OF FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" to either question, please explain the nature of the offense, date & location. Such information may be relevant, if job related, but it need not bar your application from consideration.)	

#### Section C EDUCATIONAL HISTORY

School Name	Location (City, State)	Major Course or Subject	Graduated		Degree
			Yes	No	
HIGH SCHOOL					
TECHNICAL SCHOOL (After High School)					
COLLEGE (List All Attended)					
OTHER EDUCATION/TRAINING					
LICENSES OR CERTIFICATIONS					

APPLICANT'S NAME

## Section D WORK HISTORY

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

LAST OR PRESENT COMPANY:		TYPE OF BUSINESS:	JOB TITLE:
STREET ADDRESS:		PHONE NUMBER:	BRIEF DESCRIPTION OF JOB DUTIES:
CITY:	STATE:	ZIP CODE:	
SUPERVISOR'S NAME:		PHONE NUMBER:	
BASE SALARY:	DATES WORKED: FROM:	TO:	
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER? Y/N

PREVIOUS COMPANY:		TYPE OF BUSINESS:	JOB TITLE:
STREET ADDRESS:		PHONE NUMBER:	BRIEF DESCRIPTION OF JOB DUTIES:
CITY:	STATE:	ZIP CODE:	
SUPERVISOR'S NAME:		PHONE NUMBER:	
BASE SALARY:	DATES WORKED: FROM:	TO:	
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER? Y/N

PREVIOUS COMPANY:		TYPE OF BUSINESS:	JOB TITLE:
STREET ADDRESS:		PHONE NUMBER:	BRIEF DESCRIPTION OF JOB DUTIES:
CITY:	STATE:	ZIP CODE:	
SUPERVISOR'S NAME:		PHONE NUMBER:	
BASE SALARY:	DATES WORKED: FROM:	TO:	
REASON FOR LEAVING:			MAY WE CONTACT THIS EMPLOYER? Y/N

## Section E REFERENCES

List three persons **not related** to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (Street, City, State, ZIP Code)	Phone No. (Including Area Code)	Occupation

## Section F STATEMENT OF CERTIFICATION—APPLICANT SIGNATURE

By signing this application, I certify under penalty of law that the information provided anywhere in this application is true, correct, and complete to the best of my knowledge and belief. I also acknowledge that, should investigation at any time disclose any misrepresentation or falsification, my application may be rejected. My name may be removed from further consideration, and, I may be disqualified from future examinations and/or terminated from employment. I also authorize the Sunrise Park Resort Division of Human Resources, Personnel Department, to make all necessary appropriate investigations allowable by law to verify the information provided: \_\_\_\_\_

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