



ROBINSON RANCHERIA  
1545 E HWY 20  
P.O. BOX 4015  
Nice, California 95464  
(707) 275.0527 Fax (707) 275.0235

## EMPLOYMENT APPLICATION

Please complete the entire application.

It is the policy of ROBINSON RANCHERIA to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

### 2. Applicant Information

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

### 3. Applying Information

Position Desired: \_\_\_\_\_

Full or Part Time?  FT  PT

4. Salary Desired: \$ \_\_\_\_\_  Week  Hour  Year

5. Have you worked for our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when \_\_\_\_\_ Where: \_\_\_\_\_

Supervisor or Director \_\_\_\_\_

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6. Are you at least 18 years old?  Yes  No

7. If you are offered employment, when would you be available to begin work?  
 Immediately  1 week  2 week notice  Other

8. Check if **enrolled** in federally recognized tribe:  Yes  
What Tribe? \_\_\_\_\_  
Tribal ID# \_\_\_\_\_

**10. Applicant's Education and Training**

High School/GED: Name and Address

\_\_\_\_\_

Did you receive a diploma? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Year

College/University: Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, degree(s) received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Training (graduate, technical, vocational):

\_\_\_\_\_

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

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## 10. References

List any three non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## 12. Employment History:

List your current or most recent employment related to the job applying for first. Please list all jobs (including self-employment) which you have held, beginning with the most recent. Applying for a director or management please insert resume. If additional space is needed, continue on separate paper.

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates of employment (mo/yr): \_\_\_\_\_  
Can we contact? Yes  No

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Dates of employment (mo/yr): \_\_\_\_\_  
Can we contact? Yes  No

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Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Dates of employment (mo/yr): \_\_\_\_\_  
 Can we contact? Yes  No

Employer Name: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 Dates of employment (mo/yr): \_\_\_\_\_  
 Can we contact? Yes  No

**Information for the applicant:**

As part of our process for your employment application, your personal and employment references may be checked. If necessary, for employment you are required to supply your birth certificate or social security card, driver’s license, or state ID. A drug test and background are required.

I understand that my employment application will only remain current for the applied position for 30 days. If I have not been considered for employment, and considered for employment, and continue to seek other employment opportunities with Robinson Rancheria, I will be required to re-apply with a new employment application.

I understand and agree with the information that started above:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize ROBINSON RANCHERIA to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. I authorize ROBINSON RANCHERIA and/or its representative's permission and authority to conduct a background check to determine my suitability for employment.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its ROBINSON RANCHERIA CITIZENS BUSINESS COUNCIL, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same right. Moreover, no agent, representative, or employee of ROBINSON RANCHERIA, except in a specific written contract of employment signed on behalf of the organization by its ROBINSON RANCHERIA CITIZENS BUSINESS COUNCIL, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE