



**RINCON BAND OF LUISEÑO INDIANS**  
**EMPLOYMENT APPLICATION**

**POSITION:** \_\_\_\_\_

**NAME:** \_\_\_\_\_



**EMPLOYMENT HISTORY**

List your previous work experience for the (10 Years Minimum) beginning with your last position. Account for periods of unemployment over 30 days. (If additional space is needed please use another sheet of paper. Please complete even if you are attaching another resume).

EMPLOYER: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ STARTING YR [ ] ENDING YR [ ]  
SALARY: \$ \_\_\_\_\_ HR [ ] SALARY: \$ \_\_\_\_\_ HR [ ]

REASON FOR LEAVING: \_\_\_\_\_

DESCRIBE WORK PERFORMED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ STARTING YR [ ] ENDING YR [ ]  
SALARY: \$ \_\_\_\_\_ HR [ ] SALARY: \$ \_\_\_\_\_ HR [ ]

REASON FOR LEAVING: \_\_\_\_\_

DESCRIBE WORK PERFORMED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ STARTING YR [ ] ENDING YR [ ]  
SALARY: \$ \_\_\_\_\_ HR [ ] SALARY: \$ \_\_\_\_\_ HR [ ]

REASON FOR LEAVING: \_\_\_\_\_

DESCRIBE WORK PERFORMED: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ STARTING YR [ ] ENDING YR [ ]  
SALARY: \$ \_\_\_\_\_ HR [ ] SALARY: \$ \_\_\_\_\_ HR [ ]

REASON FOR LEAVING: \_\_\_\_\_

DESCRIBE WORK PERFORMED: \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL (NAME AND CITY/STATE)	GRADUATION?	DATE LAST ATTEND (MO/YR)	GPA
	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> NO		
	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> NO		
COLLEGE OR OTHER SCHOOLS ATTENDED (CITY/STATE) COURSE OF STUDY	GRADUATION?	DEGREE	GPA
	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Cert. <input type="checkbox"/> NO		
	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Cert. <input type="checkbox"/> NO		
	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Cert. <input type="checkbox"/> NO		
	<input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Cert. <input type="checkbox"/> NO		

**TECHNICAL SKILLS**

(I.E. 10 KEY TOUCH, TYPING SPEED, COMPUTER/SOFTWARE SKILLS, ETC.)

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE RECORD**

HAVE YOU EVER BEEN IN THE ARMED FORCES?  YES  NO BRANCH \_\_\_\_\_ RANK \_\_\_\_\_

DATE OF DUTIES: FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ TYPE OF DISCHARGE \_\_\_\_\_

**REFERENCES**

(List three references you have known for over three years who are not related to or former employees):

- 1). \_\_\_\_\_  
     NAME                                      OCCUPATION                                      TELEPHONE NUMBER
- 2). \_\_\_\_\_  
     NAME                                      OCCUPATION                                      TELEPHONE NUMBER
- 3). \_\_\_\_\_  
     NAME                                      OCCUPATION                                      TELEPHONE NUMBER

**I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.**

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