

Laguna Housing Development
& Management Enterprise



PERSONAL DATA			
NAME Last	First	Middle	TELEPHONE NUMBER
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			CELL PHONE NUMBER
			MESSAGE PHONE NUMBER

Are you 18 years of age or older? YES NO

Have you ever been CHARGED AND/OR CONVICTED of any Criminal Offenses? (a conviction will not necessarily bar you from employment) YES NO

If YES, indicate the nature of the offense, date, and court disposition:

Do you have a VALID DRIVER'S LICENSE? **(MUST PROVIDE A COPY)** YES NO

Driver's License #: _____ Expiration Date: _____ State Issued by: _____

EMPLOYMENT DATA	
POSITION APPLIED FOR	DATE YOU CAN BEGIN
CHECK APPROPRIATE BOX FOR TYPE OF EMPLOYMENT DESIRED <input type="radio"/> FULL-TIME <input type="radio"/> PART-TIME <input type="radio"/> EMERGENCY/ON CALL <input type="radio"/> TEMPORARY	ARE YOU LAWFULLY ENTITLED TO WORK IN THE UNITED STATES? <input type="radio"/> YES <input type="radio"/> NO

INDIAN PREFERENCE
<input type="radio"/> Enrolled Laguna Tribal Member enrollment#: _____
<input type="radio"/> Other Native American or Federally Recognized Tribe enrollment#: _____
You must attach documentation providing Indian status to be eligible for Indian Preference.

Education Background			
List last high school attended. Beginning with the most recent, list all colleges vocational schools attended. *Professional Degrees, Licenses, or Certifications (Please attach copies).			
Name of School	Graduate YES/NO	Dates Attended	Degree/Certification/Licensure obtained

US MILITARY		
Currently Serving in the US Armed Forces? O YES O NO	Have you ever served in the US Armed Forces? O YES O NO	Honorable Discharge? O YES O NO If Yes, please attach Proof Form DD-214
Branch:	Dates of Service From: _____ To: _____	
Duties:		

WORK EXPERIENCE	
Employer	Dates Employed:
Address	Telephone Number:
Supervisor's Name	Job Title
Reason for Leaving	

Employer	Dates Employed:
Address	Telephone Number:
Supervisor's Name	Job Title
Reason for Leaving	

Employer	Dates Employed:
Address	Telephone Number:
Supervisor's Name	Job Title
Reason for Leaving	

Employer	Dates Employed:
Address	Telephone Number:
Supervisor's Name	Job Title
Reason for Leaving	

REFERENCES: List three (3) Individuals (other than relatives) Whom We May Contact for Work Related References

NAME	TITLE	TELEPHONE NUMBER

*Social Security Number: _____ *Last 4 Digits of SSN: _____

*The disclosure of your Social Security Number is voluntary, at your convenience you may leave only your 'Last 4 Digits of your SSN.' However, failure to supply Social Security Number information may result in errors in processing your application

ACKNOWLEDGEMENT

I, _____ hereby acknowledge that the information in this application is true, accurate, current, and complete to the best of my knowledge. I understand that any misrepresentation and/or omissions shall be sufficient cause for disqualification from further consideration of employment.

I authorize Laguna Housing Development & Management Enterprise to investigate my employment history and credentials from all my former employers and agencies. I understand that any information released by my prior employers and agencies providing information will be held in the strictest confidence, that it will be viewed only by those involved in the hiring decision.

I release and hold harmless my former employers and all other persons, entities providing information, from any and all liability that may result from the release and/or use of such information.

I further release and hold harmless Laguna Housing Development & Management Enterprise from all liability that may result from use of such information, and from providing future references regarding my employment with Laguna Housing Development & Management Enterprise.

I also understand and agree that:

1. This application does not create an offer of employment;
2. If hire, I will be subject to all LHDME policies and procedures;
3. This application is active for a period of 120 days, after that time, I submit a new application to be considered for employment;
4. All offers of employment will be contingent upon applicant successfully passing Pre-employment testing requirements.
5. Failure to fully and accurately complete this application may result in the immediate disqualification of employment application.

Applicant's Signature _____ Date _____