

OFFICE OF HUMAN RESOURCE



MASHPEE WAMPANOAG TRIBE

JOB APPLICATION

EMPLOYMENT APPLICATION

The Mashpee Wampanoag Tribe provides Native American Preference in its employment opportunities to all applicants and employees.

1. Applicant Information

Applicant Name _____
 Address _____
 City _____ State _____ Zip code _____
 Number of years at this address? _____
 Daytime Phone _____ Evening Phone _____
 Social Security Number _____ Email Address _____

2. Emergency Contact

Who should be contacted if you are involved in an emergency?
 1st Contact Name _____ 2nd Contact Name _____
 Relationship to you? _____ Relationship to you? _____
 Address _____ Address _____
 City _____ City _____
 State _____ Zip code _____ State _____ Zip code _____
 Phone a.m. _____ p.m. _____ Phone a.m. _____ p.m. _____

3. Position Applied to:

Who or how were you referred to our organization? _____
 Have you submitted an application with MWT previously? _____ YES _____ NO
 Have you ever worked for the Mashpee Wampanoag Tribe previously? If yes, list position, location and dates of employment.
 If you answered yes to the previous question, list your reasons for leaving _____
 Do you have any immediate relatives working for the Tribe? If yes, please list relationship and what position they are employed to under MWT.
 Are you at least 18 years of age? _____ YES _____ NO
 If offered employment, when would you be available to begin work?
 Are you legally eligible to work in the United States?
 Are you able to perform the essential functions of the job position with or without reasonable accommodations?
 _____ YES with reasonable accommodations _____ YES without reasonable accommodations
 What reasonable accommodation, if any would you require?

4. Applicant Skills

Check your skills and list any others that may be useful for the position you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. ("1" represents low ability, while a "5" represents exceptional ability).

Language Skills

Primary Language _____ { } Speak { } Read { } Write
 Secondary Language _____ { } Speak { } Read { } Write

Ability or Skill	Rating	Years of Experience
<input type="checkbox"/> Word Processing	1 2 3 4 5	_____
<input type="checkbox"/> Accounting/Bookkeeping	1 2 3 4 5	_____

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- Filing 1 2 3 4 5 _____
 - Management & Leadership 1 2 3 4 5 _____
 - Attention to Detail 1 2 3 4 5 _____
 - Problem Solving Skills 1 2 3 4 5 _____
 - Interpersonal Skills ! 2 3 4 5 _____
- Other Skills Microsoft Outlook Word PowerPoint Excel Access Other Specify _____

List all Licenses, Certificates and Certifications:

5. Applicant Employment History

List your current or most recent employment from most recent to past 5 years.

Employer Name _____
 Address _____ City _____ State _____ Zip Code _____
 Job Title _____ Reason for leaving _____

 Job Duties _____
 Dates of Employment from (Month/Year) _____

Employer Name _____
 Address _____ City _____ State _____ Zip Code _____
 Job Title _____ Reason for leaving _____

 Job Duties _____
 Dates of Employment from (Month/Year) _____

Employer Name _____
 Address _____ City _____ State _____ Zip Code _____
 Job Title _____ Reason for leaving _____

 Job Duties _____
 Dates of Employment from (Month/Year) _____

Employer Name _____
 Address _____ City _____ State _____ Zip Code _____
 Job Title _____ Reason for leaving _____

 Job Duties _____
 Dates of Employment from (Month/Year) _____

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6. Applicant Education and Training

High School Name and Address _____

College or University Name and Address _____

Did you receive your degree? YES NO If yes, what degree did you receive? _____

List all other training, graduate, and technical, vocational:

List here all Awards, Honors, and Special Achievements: _____

List all Volunteer and Advocacy work: _____

7. References

List four (4) people who would be willing to provide a reference for you. Do not list any family members.

Name _____ Address _____

City _____ State _____ Zip Code _____

Relationship _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Relationship _____

List four (4) people who would be willing to provide a reference for you. Do not list any family members.

Name _____ Address _____

City _____ State _____ Zip Code _____

Relationship _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Relationship _____

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Please provide any additional education & training information that you believe should be considered: _____

8. CONFIDENTIAL

Have you ever been convicted of a felony, misdemeanor, or Motor Vehicle Offense? YES NO

Are there any civil or criminal charges against you pending in court? YES NO

If you answer yes to any of the above 2 question, please provide a detailed explanation about the nature of the Pending charges, date and sentence of conviction, or nature of pending offense?

NOTE: You do not have to disclose the existence of any arrest, criminal charges of conviction.

Are you a member of a federally recognized tribe? YES NO

Tribal Nation _____

Are you or a spouse a member of the Mashpee Wampanoag Tribe, if YES, list on the above line, the Tribal I.D.?

RELEASE ACKNOWLEDGEMENT

I understand that nothing contained here in the employment application, or in the granting of an interview, is intended to create an employment contract between the Mashpee Wampanoag Tribe and myself, for employment. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Mashpee Wampanoag Tribe.

If hired, I freely, and voluntarily agree to submit to a drug screening as part of my pre-employment application. I understand that either refusal to submit to screening or failure to qualify according to the minimum standards established by the tribe, for this screening may disqualify me from further consideration for employment.

Further, I understand that all Drug test results will be kept in confidence. Statements made by me in this application will be verifies by the employer and I hereby give consent to the Employer the right to make a thorough investigation of my past employment, education, and for the Registry of Motor Vehicles. I release from all liability all persons, companies, corporations, supplying information pursuant to such investigation. I indemnify against all liability which might result from such investigation. I agree that any information obtained by the Employer will be held in confidence from all persons, including myself, except as required by law.

I HAVE CAREFULLY READ THE ABOVE RELEASE ACKNOWLEDGEMENT AND I UNDERSTAND AND AGREE TO THE TERMS.

APPLICANT SIGNATURE

DATE