



Scotts Valley Tribal TANF



Application for Employment

Date: _____ Tribal Affiliation: _____

Have you ever been an SVTT client? No Yes If yes, date case opened ____/____/____ closed ____/____/____

Personal Information

Name (Last Name First)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Alternate No.	E-Mail Address	

Employment Desired

Position	Salary Desired	Referred By
Are you employed now?	If so, may we inquire of your present employer?	Are you legally authorized to work in the US?
Are you willing to take a drug test?	Are you willing to let SVTT conduct a background check on you?	

Education History

	Name and Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Masters				
Trade, Business, or Correspondence School				



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General Information

Subjects of special study/research work	
Special training or skills	
U.S. Military or Naval Service	Rank
Have you ever been convicted of a misdemeanor, felony or fraud?	
If so, please explain	

Former Employers (List below last four employers, starting with last one first)

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

References (Give below the names of three persons not related to you, whom you have known at least one year)

Name	Address & Phone	Business	Years known

You may attach a resume but you must fill in all sections of this application to be considered.

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____ Signature: _____