



SAN PASQUAL BAND OF MISSION INDIANS FIRE DEPARTMENT EMPLOYMENT APPLICATION



| PERSONAL INFORMATION | | | |
|---|-------------------|---|----------------|
| Full Name: | | Date: | |
| Home Phone: | | Cell Phone: | |
| Email: | | Preferred mode of contact: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Email | |
| Address: | | | |
| State name and relationship to any relatives working for SPBMI: | | Referred by: | |
| Please Identify: | | | |
| <input type="checkbox"/> San Pasqual Band of Mission Indians Tribal Member (Enrollment # _____) | | | |
| <input type="checkbox"/> San Pasqual Band of Mission Indians Tribal Member Spouse (Tribal Member Enrollment # _____) | | | |
| <input type="checkbox"/> San Pasqual Band of Mission Indians Lineal Descendant (Tribal Member Enrollment # _____) <input type="checkbox"/> First Generation <input type="checkbox"/> Second Generation | | | |
| <input type="checkbox"/> Other American Indian: Tribe Name _____ | | | |
| <input type="checkbox"/> Non-Indian/Non-Relative | | | |
| Hiring Preference: <i>The San Pasqual Tribal Government will at all times and for all positions give hiring, transfer and promotion preference to qualified applicants in the following order: 1) San Pasqual Band of Mission Indians Tribal Members; 2) San Pasqual Band of Mission Indians Tribal Member Spouses; 3) San Pasqual Band of Mission Indians Lineal Descendants; 4) Other American Indians; and 5) all others.</i> | | | |
| EMPLOYMENT INTRESTS | | | |
| Position applying for: | | | |
| Have you previously applied for a position with the SPBMI Tribal Government? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes list date and position applied for: | | | |
| Have you ever held a position with any SPBMI entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which entity? _____ If yes, list dates and positions held: | | | |
| Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Available start date: | | Salary desired: | |
| Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No | | May we contact your current employer <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| EDUCATION | | | |
| School or Institution | Name and Location | Major | Degree/Diploma |
| High School | | | |
| College/University | | | |
| Other | | | |

| | | | |
|---|--------------------------|-------------------|---|
| Special Training/Affiliations: | | | |
| Honors or Awards Received: | | | |
| Professional Certificates/Licenses held: | | | |
| EMPLOYMENT HISTORY <small>List your previous work history for the past 7 years, starting with the most recent</small> | | | |
| Company Name: | Address: | Telephone | Dates Employed (Month/Year) From: To: |
| Company Name: | Address: | Telephone | Dates Employed (Month/Year) From: To: |
| Job Title: | Supervisor's Name/Title: | Type of Business: | |
| Description of Duties: | Reason for Leaving: | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Job Title: | Supervisor's Name/Title: | Type of Business: | |
| Description of Duties: | Reason for Leaving: | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Company Name: | Address: | Telephone | Dates Employed (Month/Year) From: To: |
| Job Title: | Supervisor's Name/Title: | Type of Business: | |
| Description of Duties: | Reason for Leaving: | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Company Name: | Address: | Telephone | Dates Employed (Month/Year) From: To: |
| Job Title: | Supervisor's Name/Title: | Type of Business: | |
| Description of Duties: | Reason for Leaving: | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| OTHER INFORMATION | | | |
| Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain</i> | | | |
| Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | |
|--|--------------------------------|-------------------------------|----------------------------------|-------------------------|
| If yes, Branch _____ Rank _____ Dates of Duty (Month/Year) From: _____ To: _____ | | | | |
| Are you at least 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, you may be required to provide authorization to work.</i> | | | | |
| Do you have the legal right to work and be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of identity and legal authority to work in the U.S. is a condition of employment</i> | | | | |
| Do you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you willing to work overtime, if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Do you understand the job requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| List languages, other than English, in which you are fluent: | | | | |
| 1. _____ | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write | |
| 2. _____ | <input type="checkbox"/> Speak | <input type="checkbox"/> Read | <input type="checkbox"/> Write | |
| List all computer software programs you are proficient with: | | | | |
| Ability to type. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| PROFESSIONAL REFERENCES | | | | |
| Please include a minimum of two references | | | | |
| Name | Phone | Email | Business Name/Affiliation | Years Acquainted |
| | | | | |
| | | | | |
| | | | | |
| PERSONAL REFERENCES | | | | |
| Please include a minimum of two references | | | | |
| Name | Phone | Email | Business Name/Affiliation | Years Acquainted |
| | | | | |
| | | | | |
| | | | | |

ACKNOWLEDGEMENT (PLEASE READ CAREFULLY BEFORE SIGNING BELOW):

Initials

I hereby affirm that the information provided on this employment application form and my resume is true and complete to the best of my knowledge. I understand and agree that falsified information or omissions may result in the termination from employment if discovered after my employment has begun. I hereby authorize San Pasqual Tribal Government (hereinafter referred to as the "Tribe") to substantiate and verify my past employment, credentials and any of the information associated with my qualification. I also authorize my previous schools, employers, and listed references to release to the Tribe any relevant information that may reasonably be requested in connection with my employment. I agree that the Tribe and my previous employers, schools and references shall not be held liable if an employment offer is not tendered, is withdrawn, or employment is terminated due to any false information I provided or information I failed to provide.

Initials

I understand that any employment offer I might receive is contingent upon my passing both a drug and alcohol test and background screening. I consent to any testing necessary to determine the presence and/or level of drugs and alcohol in my body other than drugs prescribed by a physician.

Initials

I understand that as a condition of employment in positions working directly with children or where children may be present, additional background screening which may include extensive and specialized screening will be required.

Initials

I understand that no statement in this form, related policies, or any offer of employment may be construed as an employment contract.

Initials

At-Will Employment:

I understand that employment with the San Pasqual Tribal Government is at-will and for no definite period. The employment relationship may be terminated at any time by the employee or the Tribe for any or no reason and with or without notice.

Initials

Drug Testing:

I understand that the San Pasqual Tribal Government is a drug-free workplace. All employees must pass pre-employment and other mandatory drug testing pursuant to the San Pasqual Tribal Government Employee Policy and Procedures Manual, and Drug Free Workplace Policy.

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, at the discretion of the employer be terminated at any time and for any reason without any previous notice.

Applicant Signature: _____ **Date:** _____



SAN PASQUAL BAND OF MISSION INDIANS

Attachment to Employment Application for Fire Department

Directions: Attach a copy of your resume and a copy of any professional licenses and certificates that are stated in the job announcement for the position that you are applying for and that are shown in the section below.

| Professional License/Certificate Possessed (Attach Copy) | Date Issued | Issued By | Expiration |
|--|-------------|-----------|------------|
| Current California EMT I Certification | | | |
| Current CPR Card | | | |
| CA Accredited Fire Academy or FF I Certification | | | |
| Confined Space Rescue Awareness Certification | | | |
| HAZ MAT FRO (8 hrs. Fed OSHA) Certification | | | |
| ICS 1-100 or Greater | | | |
| Driver Operator 1A and 1B | | | |
| California State Fire Marshal Firefighter II Certification | | | |
| California State Fire Marshal Fire Officer's Certification & (ICS 300) Qualification | | | |
| IFSAC | | | |
| Other: | | | |

Summarize other special job-related skills and knowledge acquired from employment or other experience that would help us evaluate your qualification, i.e. fire explorer, volunteer firefighter, etc.