

## **In-House Job Posting Application**

Please complete each section of this application. If you have a resume, please attach the resume to your application.

Name:	Date:	
Posted Position:		
Cell phone:	Work phone:	
Are you an enrolled Gila River Community Member:	[] Yes	[] No
Are you a Native American of a federally recognized	tribe: [] Yes	[] No
If yes, which Tribe?		
Are you a Non-Indian spouse of a Community member	er? [] Yes	[] No
Are you a Veteran with Honorable Discharge?	[ ] Yes	[] No

**Educational Background:** In the space provided below, identify schools and/or training that you have completed that indicate you have the minimum education requirements for the position.

	School Name and Location	Years Attended	Graduation Date	Training Received
High School				
College				

Are you available to work the hours indicate on the job posting? [] Yes [] No

**List your work records for the last 10 years:** Begin with your present or most recent experience and work your way backwards.

Date (month and year)	Employer/Supervisor's Name	Position Title	Experiences, Training or Skills
From:			
То:			

Date (month and year)	Employer/Supervisor's Name	Position Title	Experiences, Training or Skills
From:			
То:			
From:			
То:			
From:			
То:			
From:			
То:			
From:			
То:			

## Describe additional skills or training that are relevant to the position you are applying for:

Computer-related skills:

Computer-related training that you have received:

Languages that you speak, read, or write frequently:

Other relevant skills or training:

## Attendance:

**Employee Performance and Behaviors:** 

Effectiveness in performing job duties:

Please describe your performance and behaviors in the following areas:

Quality of Work:

Interpersonal Skills:

Driver's License and Use of Personal Vehicle		
Do you have a valid Arizona Driver's License:	[ ] Yes	[ ] No
Driver's License Number:		

Are you willing to use your personal vehicle for work or business purposes?
[] Yes
[] No

**In-House Applicant:** Sign and date your application, gain your supervisor's signature and date and submit your completed application to Human Resources. Please keep a copy for your personal records.

Signature of Applicant:

Signature of Supervisor:

Date:

Date: