



APPLICATION FOR EMPLOYMENT

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ SECONDARY PHONE _____ EMAIL _____

ARE YOU A MEMBER OF THE GILA RIVER INDIAN COMMUNITY? YES NO GRIC DIST. #

***NOTE: You may be asked to provide proof, if hired**

ARE YOU LEGALLY MARRIED TO AN ENROLLED MEMBER OF GILA RIVER? YES NO

ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED INDIAN TRIBE OTHER THAN GILA RIVER? TRIBE?

HOW DID YOU HEAR ABOUT THIS POSITION?

EMPLOYMENT DESIRED

POSITION DESIRED _____ DATE YOU CAN START _____

EXPECTED WAGE _____ WILL YOU ACCEPT PART-TIME EMPLOYMENT? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO – IF YES, STATE OFFICES, DATE OF OFFENCE AND EXPLAIN, _____

ARE YOU A U.S. CITIZEN? YES NO IF NOT, WHAT IS YOUR STATUS? _____

DO YOU HAVE A VALID ARIZONA DRIVER'S LICENSE? YES NO DRIVER'S LICENSE #. _____

ARE YOU RELATED TO ANYONE CURRENTLY IN OUR EMPLOYMENT? IF SO, PLEASE STATE NAME AND RELATIONSHIP _____

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	CERTIFICATE/ DEGREE OBTAINED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS				

SKILLS & EXPERIENCE RELATED TO THIS POSITION: _____

EMPLOYMENT RECORD

List below the last four employers, starting with the last one first.

DATES EMPLOYED	EMPLOYER NAME/ ADDRESS	POSITION	SALARY	PHONE NO.	SUPERVISOR NAME
FROM					
TO					

Duties and Responsibilities, indicating any machinery or computer software used:

Reason for Leaving:

May we contact this employer? Yes: No:

DATES EMPLOYED	EMPLOYER NAME/ ADDRESS	POSITION	SALARY	PHONE NO.	SUPERVISOR NAME
FROM					
TO					

Duties and Responsibilities, indicating any machinery or computer software used:

Reason for Leaving:

May we contact this employer? Yes: No:

DATES EMPLOYED	EMPLOYER NAME/ ADDRESS	POSITION	SALARY	PHONE NO.	SUPERVISOR NAME
FROM					
TO					

Duties and Responsibilities, indicating any machinery or computer software used:

Reason for Leaving:

May we contact this employer? Yes: No:

DATES EMPLOYED	EMPLOYER NAME/ ADDRESS	POSITION	SALARY	PHONE NO.	SUPERVISOR NAME
FROM					
TO					

Duties and Responsibilities, indicating any machinery or computer software used:

Reason for Leaving:

May we contact this employer? Yes: No:

Please explain fully all gaps in your employment history in excess of one month: _____



BASED ON YOUR WORK HISTORY, PLEASE DESCRIBE YOUR PERFORMANCE IN THE FOLLOWING AREAS:

Attendance _____
 Effectiveness in performing job duties _____
 Quality of Work _____
 Interpersonal skills _____
 Computer Related Skills _____

REFERENCES

List three people(Non-Related) that can be contacted who have known you for over one year who know your working skills and working habits.

Name	ADDRESS CITY, STATE, ZIP	PHONE NUMBER	OCCUPATION	YEARS KNOWN

MILITARY RECORD

MILITARY STATUS _____ BRANCH OF SERVICE _____

TYPE OF DISCHARGE _____ ARE YOU IN THE RESERVES OR NATIONAL GUARD? _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ SECONDARY PHONE _____

- I Authorize Investigation of all statements contained in this application, including my work history. I certify that the information contained on this application is true, correct, and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for is a case for dismissal of my application.
- I understand that if this position requires driving in the course of work, I will be required to possess a current and valid driver’s license & proof of insurance along with a copy of my driving record for the past 39 months. **If I do not provide this information, my application will not be accepted.**
- I acknowledge and understand that I will be subject to a pre-employment screening test for the presence of controlled substances.
- Further, I understand and agree that my employment is subject to the personnel policies and procedures covering employment with the Lone Butte Development Corporation ("Lone Butte"). I also understand that the Lone Butte Development Corporation is an "At-Will" employer, and that any written policies or documentation will not be construed as a contract of employment between applicant and Lone Butte.



APPLICANT SIGNATURE

DATE SUBMITTED

Please Attach Resume, if Available

Preference in filling vacancies is given to qualified enrolled Gila River Indian Community Members, other Indians, and non-Indian spouse of an officially enrolled Community Member in accordance with the Tribal Employment Rights Office (T.E.R.O) Ordinance (NO. GR-02-09, Gila River Indian Community).

Lone Butte Development L.L.C is an Equal Opportunity Employer

**Please submit Application to: Lone Butte Development L.L.C, 1235 S. Akimel Lane, Chandler, AZ 85226
(520) 796-5632 PH/(520) 796-1032 FAX, **ATTN: HUMAN RESOURCES****