



**GILA RIVER INDIAN COMMUNITY**  
Tribal Employment Rights Office  
**INDIAN PREFERENCE/COMPLIANCE PLAN**  
**FOR COMMUNITY-BASED EMPLOYERS**

Employer: \_\_\_\_\_ Date: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Lease or Management Agreement: \_\_\_\_\_

Employment opportunities made available in implementing this Lease or Management Agreement  
**NOTE: With the exception of "Key Personnel", ALL EMPLOYMENT OPPORTUNITIES SHALL GIVE A  
HIRING PREFERENCE TO INDIVIDUAL INDIANS FOR ALL OPEN EMPLOYMENT POSITIONS.**

**Available Employment Positions:**

**Number of Positions:**

1. Office Workers	_____
2. Skilled (Journeyman, Craftsmen, & Licensed Drivers)	_____
3. Degreed/Certified Workers (Engineers, Inspectors, etc.)	_____
4. Semi-Skilled Workers	_____
5. Un-Skilled Workers	_____
6. Trainee (Apprentice, Training Programs, etc.)	_____
7. Other (Identify): _____	_____
Total Employment Opportunities:	_____

**Key Personnel needed for the daily operation of the company, such as Board Members, Owners, Managers & Supervisors.**

**Employee Name:**

**Title/Department:**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**CERTIFICATION**

This is to certify that (Company Name) \_\_\_\_\_ will make every effort to comply with hiring and training of Native American Indians with the above Compliance Plan in regard to GRIC Title 12 Ordinance, at Business Address: \_\_\_\_\_ while working with all employers in the community. I am in receipt of the Title 12 Ordinance GR-02-09, as it may be amended by the Council from time to time.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Company Official Signature

\_\_\_\_\_  
Tribal Employment Rights Director or Designee

\_\_\_\_\_  
Printed Name & Title (VP or higher)

\_\_\_\_\_  
Date



**GILA RIVER INDIAN COMMUNITY**  
**Tribal Employment Rights Office**  
**Employer Request Form**

**Project & Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**General:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**EMPLOYMENT POSITION**

**Employment Position:** \_\_\_\_\_ **Number of Positions:** \_\_\_\_\_

**Estimated Start Date:** \_\_\_\_\_ **Estimated Completion Date:** \_\_\_\_\_

**QUALIFICATION FOR EMPLOYMENT POSITION**

**List All Qualifications:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SALARY PER HOUR AND PAYROLL SCHEDULE**

**Employee will be paid:**  
\$ \_\_\_\_\_ Per Hour \_\_\_\_\_ Salary Amount Depending on Experience

**Employee will receive a payroll check for the amount of hours worked:**

\_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly

**TIME, DATE, & LOCATION TO REPORT**

**Application process:** \_\_\_\_\_

**Report Time:** \_\_\_\_\_ A.M./P.M. **Report Date:** \_\_\_\_\_

**Reporting Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**GILA RIVER INDIAN COMMUNITY**  
**Tribal Employment Rights Office**  
**Project Employee List**  
**PLEASE SUBMIT ON A WEEKLY BASIS**

Project: \_\_\_\_\_ Week Ending: \_\_\_\_\_

General: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cellular#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employee Name	Trade or Title	Wage	American Indian	Non- Indian	Lay-Off Date	Termination Date
1.						
2.						
3.						
4.						
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