



# APPLICATION FOR EMPLOYMENT

PUEBLO OF ISLETA

P.O. BOX 1270 | ISLETA, NEW MEXICO 87022

Phone: (505) 869-7584 Fax: (505) 869-7579

E-Mail Address: [poiemployment@isletapueblo.com](mailto:poiemployment@isletapueblo.com)

*The Pueblo of Isleta (POI) and Isleta Pueblo Housing Authority (IPHA) are an equal opportunity employer with Tribal Preference policies.*

## PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

### Certification that My Answers are True

**Your signature acknowledges your acceptance of the following:**

1. I attest that all information represented on this application is true and correct, to the best of my knowledge. I understand that any falsification, omission or misrepresentation of information whether in writing or during the interview process is grounds for withdrawal of the offer of employment with the Pueblo of Isleta (POI) and Isleta Pueblo Housing Authority (IPHA) may result in my dismissal if discovered at a later date.
2. I authorize the POI and IPHA to conduct a routine inquiry into my job history and inquire about applicable information concerning my character, general reputation or any other information that POI and IPHA deems necessary for my employment.
3. I acknowledge that Federal law prohibits companies from hiring any persons unless valid documents establishing my identity and eligibility to work in the United States is provided. I understand that providing these documents are a condition of employment.
4. I agree to submit to a drug/alcohol test conducted at a licensed facility with the test paid for by the POI and IPHA. I authorize such results to be released to POI and IPHA. I understand that passing the test is a condition of employment.
5. I understand that prior to formal offer of employment, I will be required to undergo a background checks to include criminal records from county, state, federal and tribal courts for the last ten years to include Felony and Misdemeanor convictions, Social Security Number Verification, Motor Vehicle Report History, and may include Credit History depending on the position.
6. I understand that the application for employment does not imply a contract for employment between the Pueblo of Isleta and myself. I hereby understand and acknowledge that, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Pueblo of Isleta may discharge Employee at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by statements that alter the "at will" nature of employment.
7. In the event of employment, I understand that I am required to abide by all POI and IPHA policies, rules, regulations, and procedures, including but not limited to: Harassment Policy, Confidentiality Agreement, Standards of Conduct, Substance Abuse and Drug Testing Policy, and Dress & Grooming policy.
8. My statements on this application, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this application or its attachments may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment.
9. I certify that my responses to the questions made in my application for employment under penalty of perjury, which is punishable by fine or imprisonment, and that I have received notice that a criminal history records check will be conducted and is a condition of employment. I understand my right to obtain a copy of any criminal history report made available to the Pueblo of Isleta and my rights to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### DO NOT WRITE BELOW - THIS BOX IS FOR HR PERSONNEL ONLY

**BACKGROUND CHECK** – HR Recruiter will identify applicant's clearance level needed once selected for the positions.

#### Clearance Level Needed

- Vulnerable Clientele (Head Start/Children/Elderly)
- Law Enforcement
- Public Trust
- High Level Public Trust

#### Reports Needed

- Driver's License Report
- Credit Report

**YES NO**

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Submitted By:

**PART 1 - PERSONAL INFORMATION - Please answer each section and question fully and accurately.**

Date:	Position Applied For:	Position Number:	Posting Number:
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**How did you hear about this position?**

- Pueblo of Isleta Website      Publication – Please indicate which one: \_\_\_\_\_  
 Walk-in      Other Website – Please indicate which one: \_\_\_\_\_  
 Employee Referral – Please indicate name of employee: \_\_\_\_\_

Last Name	First Name	Middle Name	Jr., II, etc.
Mailing Address	City	State	Zip Code
Cell Phone:	Home Phone:	Alternate Number:	Email Address:

	YES	NO
1. Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been employed with the Pueblo of Isleta or IPHA before? If "YES", please give dates of employment(s) and position(s) held:	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you currently have any relatives working here at the Pueblo of Isleta or IPHA? If "YES" please provide name and relationship:	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you an enrolled member of the Pueblo of Isleta?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you considered a descendent of the Pueblo of Isleta?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you an enrolled member of a Native American Tribe? If "YES", list tribe? _____	<input type="checkbox"/>	<input type="checkbox"/>
7. If you are under 18 years of age, can you provide required proof of eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
8. Can you provide written proof that you can legally work in this country? <i>All applicants will be required to furnish proof of identity and legal work authority within 3 business days of hire.</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you currently on "lay-off" status and subject to recall? If "YES", please identify which entity below: <input type="checkbox"/> Pueblo of Isleta <input type="checkbox"/> Isleta Business Corporation <input type="checkbox"/> Isleta Pueblo Housing Authority	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you possess a valid driver's license? State: _____ License No. _____	<input type="checkbox"/>	<input type="checkbox"/>
11. Can you perform all of the job related-functions of the position(s) for which you are applying for? If "NO" please explain below:	<input type="checkbox"/>	<input type="checkbox"/>
12. Date available for work	13. Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	

Last Name	First Name	Middle Name	Jr., II, etc.	Position Applied For:
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**PART 2 - EDUCATION – List all the schools you have attended, beginning with the most recent and working back.**

**College/University**

Month/Year to Month/Year	Name of School	Major/Course of Study	Degree / Diploma / Credit Units Completed /Other	
Month/Year Awarded	Street Address and City of School		State	Zip Code
Month/Year to Month/Year	Name of School	Major/Course of Study	Degree / Diploma / Credit Units Completed /Other	
Month/Year Awarded	Street Address and City of School		State	Zip Code

Special Awards/Acknowledgements/Academic Achievements?

**Business/Trade School**

Month/Year to Month/Year	Name of School	Course of Study	Certificate/Other	
Month/Year Awarded	Street Address and City of School		State	Zip Code
Month/Year to Month/Year	Name of School	Course of Study	Certificate/Other	
Month/Year Awarded	Street Address and City of School		State	Zip Code

**High School**

Month/Year to Month/Year	Name of School	Course of Study	Diploma/GED/Other	
Month/Year Awarded	Street Address and City of School		State	Zip Code

**Specialized Skills**

Are you computer knowledgeable/experienced?  YES  NO

If "YES" which programs can you operate?

Word  Excel  PowerPoint  Outlook Mail  Microsoft Access Database

Other Programs, list programs: \_\_\_\_\_

Can you identify which office equipment you can operate?  Typewriter  Fax  Copier  Adding Machine

Other, list equipment: \_\_\_\_\_

How many words per minute can you type?  Less than 35 WPM  35 WPM  55 WPM  75 WPM  85 WPM or Greater

**Licensure/Certifications**

What professional license(s), certification(s) or registration(s) do you possess? (Please identify by type, State of issue, number, status (active or inactive), and give dates of expiration):

Type:	State of issue:	Number:	Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Date Issued/expiration
Type:	State of issue:	Number:	Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Date Issued/expiration
Type:	State of issue:	Number:	Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Date Issued/expiration

Pueblo of Isleta Employment Application

Last Name	First Name	Middle Name	Jr., II, etc.	Position Applied For:
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**PART 3 - EMPLOYMENT HISTORY** - List your employment activities, beginning with the present and working back 10 years. The 10 year period must be accounted for without breaks. For periods of unemployment, list dates and "unemployed" or "attending school." **Include the month and year in dates for each employment activity listed.**

<b>1</b>	Month/Year to Month/Year	Employer Name	Position Title		Salary
	Employer Street Address		City	State	Zip Code
	Supervisor's Name	Supervisor's Telephone Number	Reason you left		
	Briefly describe your job duties:				

<b>2</b>	Month/Year to Month/Year	Employer Name	Position Title		Salary
	Employer Street Address		City	State	Zip Code
	Supervisor's Name	Supervisor's Telephone Number	Reason you left		
	Briefly describe your job duties:				

<b>3</b>	Month/Year to Month/Year	Employer Name	Position Title		Salary
	Employer Street Address		City	State	Zip Code
	Supervisor's Name	Supervisor's Telephone Number	Reason you left		
	Briefly describe your job duties:				

<b>4</b>	Month/Year to Month/Year	Employer Name	Position Title		Salary
	Employer Street Address		City	State	Zip Code
	Supervisor's Name	Supervisor's Telephone Number	Reason you left		
	Briefly describe your job duties:				

Pueblo of Isleta Employment Application

Last Name	First Name	Middle Name	Jr., II, etc.	Position Applied For:
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<b>5</b>	Month/Year to Month/Year	Employer Name	Position Title		Salary
	Employer Street Address		City	State	Zip Code
	Supervisor's Name	Supervisor's Telephone Number	Reason you left		
	Briefly describe your job duties:				

<b>6</b>	Month/Year to Month/Year	Employer Name	Position Title		Salary
	Employer Street Address		City	State	Zip Code
	Supervisor's Name	Supervisor's Telephone Number	Reason you left		
	Briefly describe your job duties:				

Termination History		YES	NO
During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?		<input type="checkbox"/>	<input type="checkbox"/>
If "YES," please provide the date, an explanation of the problem, reason for leaving, and the employer's name and address below.			

Military History		YES	NO
Have you ever served in the US military? If "YES", please provide a copy of your DD214.		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received other than honorable discharge from the military? If "YES", please provide the circumstances, date, and type of discharge below.		<input type="checkbox"/>	<input type="checkbox"/>
Circumstances			

Month/Year	Type of Discharge
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Pueblo of Isleta Employment Application

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**PART 4 - REFERENCES** List 5 people (3 PROFESSIONAL REFERENCES and 2 PERSONAL REFERENCES) who know you for at least the last 5 years that can provide information regarding your job performance and suitability for employment. Do not list relatives or anyone who is listed elsewhere else on this application.

**Professional Reference**

1) Name	Dates Known <i>Month/Year to Month/Year</i>	Telephone Number
		<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home
Home or Work Address	City	State Zip Code

**Professional Reference**

2) Name	Dates Known <i>Month/Year to Month/Year</i>	Telephone Number
		<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home
Home or Work Address	City	State Zip Code

**Professional Reference**

3) Name	Dates Known <i>Month/Year to Month/Year</i>	Telephone Number
		<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home
Home or Work Address	City	State Zip Code

**Personal Reference**

4) Name	Dates Known <i>Month/Year to Month/Year</i>	Telephone Number
		<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home
Home or Work Address	City	State Zip Code

**Personal Reference**

5) Name	Dates Known <i>Month/Year to Month/Year</i>	Telephone Number
		<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Home
Home or Work Address	City	State Zip Code