



# EMPLOYMENT APPLICATION

**DATE STAMP**

**Bishop Paiute Tribe**  
50 Tu Su Lane • Bishop, CA 93514  
Telephone: (760) 873-3584 • Fax: (760) 872-1897

Date: \_\_\_\_\_ Phone Number: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and Street/P.O. Box City State Zip Code

Email: \_\_\_\_\_ Do you possess a current Driver's License:  Yes  No

Current Driver's License #: \_\_\_\_\_ State Issue: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Are you a member of the Bishop Paiute Tribe?  Yes  No Enrollment #: 549-\_\_\_\_\_ (Attach copy)

Are you the spouse of a Bishop Paiute Tribal member?  Yes  No Spouse's Name: \_\_\_\_\_

Are you currently on the TERO List:  Yes  No

Are you a member of another (check one):  federally recognized or  non-federally recognized Indian tribe or band?  Yes  No If yes, give name of tribal affiliation and roll number (provide proof of enrollment)

Do you serve on the Bishop Indian Tribal Council or any elected or appointed board/committee of the Tribe, another Tribe's Council or the Owens Valley Board of Trustees?  Yes  No  
If yes, Explain: \_\_\_\_\_

Are you a U.S. citizen or an alien authorized to work in the United States?  Yes  No

Are you a U.S. Veteran:  Yes  No (If yes, attach proof of Military Service)

\*Have you been convicted of a misdemeanor within the last 10 years?  Yes  No If Yes, please explain

\*Have you been convicted of a felony?  Yes  No If Yes, please explain \_\_\_\_\_

\*Have you been issued any moving/traffic violations with in the last 5 years?  Yes  No If Yes, please explain

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date you can start \_\_\_\_\_ Where did you hear about this position: \_\_\_\_\_

Are you employed now?  Yes  No May we inquire of your present employer?  Yes  No

Have you ever worked for the Bishop Paiute Tribe before?  Yes  No If Yes; Dates: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Do you have any physical limitations that prevent you from fully performing any work for which you are being considered?  
 Yes  No If yes, please describe what can be done to accommodate your limitations?

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*\*If the questions are not checked; the application will be considered incomplete. Answering "Yes" to questions with a \* does not necessarily mean you will not be hired.*

**EDUCATION**

Education	Name and Location of School	Subjects Studied	Diploma/Certificate/Degree Earned
High School			
College or University			
Graduate/Professional			
Trade, Business, or Correspondence School			

**EMPLOYMENT EXPERIENCE** Note: Starting with the most current employment, please list work experience and/or any volunteer activities as it relates to this position.

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Last Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Immediate Supervisor and Title: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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IF ADDITIONAL SPACE IS NEEDED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

**COMMENTS:** Include explanation for any gaps in employment: \_\_\_\_\_

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

**ADDITIONAL INFORMATION:** Describe any specialized training, skill, licenses, professional registration/recognition, and extracurricular activities, including service organizations, volunteer participation that is relevant to the position you are applying for: \_\_\_\_\_

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

**REFERENCES:** List names of three people not related to you whom you have known at least one year.

Name	Business or Title	Address & Phone No.	Years Acquainted

**In case of emergency notify:** \_\_\_\_\_ ( ) \_\_\_\_\_  
*Name/Relationship Address Phone Number*

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorized investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated in accordance with Bishop Paiute Tribal policies and procedures.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This form has been designed to comply with the Bishop Paiute Tribe's and equal employment opportunity Policy and is subject to the Indian Preference Act and the Tribal Employment Rights Ordinance (TERO). Employment decisions are based on merit, the Tribal Employment Rights Ordinance and Council needs. Native American preference applies pursuant to the prevailing Bishop Tribal Employment Rights Ordinance, The Tribal Self-Determination and Education Assistance Act. (24 U.S.C. 450, et seq.), 25 CFR 271.44, and other relevant laws and program requirements.

The Bishop Paiute Tribe will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person's physical or mental disability. The Bishop Paiute Tribe will also make reasonable accommodation wherever necessary for all employee or applicants with disabilities, provided that the individual is otherwise qualified to safely perform the essential duties and assignments connected with the job and provided that any accommodations made do not impose an undue hardship on the Bishop Paiute Tribe.

**All employees must be fully vaccinated against COVID-19. Fully vaccinated will be defined as having two primary doses of the COVID-19 Vaccine and one bivalent vaccine booster. Vaccination is a condition of employment. Prospective employees requesting a Provisional Exemption must receive their first vaccination dose within ten (10) calendar days of their employment start date.**

# PACIFIC AG INSURANCE

1715 N. 11TH AVE.  
HANFORD, CA. 93230  
PHONE 559-584-3391  
FAX 559-584-6262

## DMV Motor Vehicle Report PULL PERMISSION

(PLEASE PRINT)

I \_\_\_\_\_ authorize Pacific Ag Ins. Agency, Inc. and/or its employee and agents to run a background check of my driving record through the Department of Motor Vehicles.

**\*\*\*IMPORTANT - \*\*\*NAME AS IT IS WRITTEN ON DRIVERS LICENSE\*\*\***

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(PLEASE PRINT)

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DRIVERS LICENSE # : \_\_\_\_\_

LICENSE STATE : \_\_\_\_\_

BIRTH DATE : \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

EMPLOYEE POSITION: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_



**DISCLOSURE REGARDING BACKGROUND CHECK INVESTIGATION**

The “Company” may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, driving record, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Compu-FACT Research, Inc. 1236 Jungermann Rd., Ste H1, St. Peters, MO 63376, (888) 258-0216**, or another outside organization. The scope of this disclosure and authorization is all-encompassing, however, allowing Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I’m hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested, by **Compu-FACT Research, Inc.** or another outside organization. I agree that a facsimile (“fax”), electronic or photocopy of this Authorization shall be as valid as the original.

**New York & Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

**Minnesota or Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of any consumer report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under state law.

**California applicants or employees only:** Under section 1786.22 of the California Civil Code, you may view the file maintained on you by **Compu-Fact** during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at **Compu-Fact’s** offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. **Compu-Fact** has trained personnel available to explain your file to you, including any coded information. If you appear in person you may be accompanied by one other person, provided that person furnishes proper identification.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law.

