

Acoma Business Enterprises
P.O. Box 310
Pueblo of Acoma, NM 87034
(505)552-7800



APPLICATION FOR EMPLOYMENT

Referral Source: Walk-in Job Fair Job Posting Newspaper Ad Internet Other

Acoma Business Enterprises (ABE) is an equal opportunity employer. We are dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. ABE is a drug/alcohol free workplace and satisfactory completion of a drug test is a job requirement.

Preferred Position (list up to 3 jobs): (1) _____ (2) _____ (3) _____

Status: Full-time Part-time **Shift:** Days Nights Graveyard Any Date Available to start: _____

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

Current Address/PO Box Number _____ City _____ State _____ Zip _____ Date of Application: _____

Home Phone: _____ Work/Cell/Message Phone: _____ E-Mail: _____

Emergency contact: _____ Relation: _____ Phone #: _____

Do you have a current, valid driver license? Yes No Driver License #: _____ Expiration Date: _____ State: _____

Have you ever been issued a gaming license? Yes No If yes, by whom? _____ # _____

General Information

List any other names used during your employment history or schooling: _____

Do you have relatives employed with Acoma Business Enterprises? Yes No If yes, please provide the following information:

Name _____ Relationship _____ Department _____

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Educational Background

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 **GED** Yes No

College Undergraduate 1 2 3 4 **College Graduate** 1 2 3 4

High School(s) _____ College(s) _____

Are you 21 yrs old or older? Yes No Are you 18 yrs old or older? Yes No

Have you ever been employed with Acoma Business Enterprises? Yes No If yes, position(s) held/when: _____

Are you a registered Acoma Tribal Member? Yes No CIB#: _____

Employment History

Provide the following information of your current and past employers, assignments or volunteer activities, beginning with your most recent. Complete addresses and telephone numbers must be included. This section **must** be completed regardless if a formal resume is submitted.

(1) Current/Last Employer _____ Position Title: _____ Salary: _____

Address/PO Box Number _____ City _____ State _____ Zip _____

Telephone: _____ Employed from: _____ to: _____

Supervisor's name/Title: _____ Reason(s) for leaving: _____

Duties/Responsibilities: _____

(2) Employer: _____ Position Title: _____ Salary: _____

Address/PO Box Number _____ City _____ State _____ Zip _____

Telephone: _____ Employed from: _____ to: _____

Supervisor's name/Title: _____ Reason(s) for leaving: _____

Duties/Responsibilities: _____

List any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: i.e. computer, software, customer service, casino experience, CPR, first aid, EMT, etc.

References

List three professional references. Please refrain from using immediate family members.

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

Name _____ Address _____ Phone _____ Occupation _____

Declaration

I understand and agree that:

1. All information provided in this application for employment is complete, true and correct to the best of my knowledge. Any misrepresentation or omission of facts in my application or any attachments to my application may be justification for refusal of employment or if employed, termination from employment.
2. It is my understanding that Acoma Business Enterprises ("ABE") will complete a thorough investigation of my work history, criminal background, driving record, academic records and/or credit history, and may verify that all data given in my application, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the company, and I release from liability any person giving or receiving any such information.
3. I agree that ABE may check any and all of the facts I have listed in my application for employment, including my references and my criminal record.
4. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that this application remains current for 3 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I certify that I have read, fully understand, and declare under penalty of perjury that the foregoing is true and correct.

Applicant's Signature _____ Date _____