



**SUBMIT APPLICATION TO:**  
 Ute Indian Tribe, Enterprise  
 P.O. BOX 190  
 FORT DUCHESNE, UT 84026  
 435-725-4009 OFFICE  
 435-722-6823FAX  
 Submit by email to:  
**jobs@utetribes.com**

**The following documents will need to be attached:**

- High School Diploma/G.E.D.
- Degrees, transcripts, certificate, etc.
- Motor Vehicle Record "MVR"

**Employment Application**

**Interview notification will be sent via text message and email address. It is the applicant's RESPONSIBILITY to provide updated information.**

<b>Position(s) Applied For:</b> <i>Please include announcement#</i>			
<b>Name (Last, First, Middle)</b>		<b>Birthday:</b>	<b>Sex</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Cell Phone:</b>	<b>Mailing Address</b>	<b>City</b>	<b>State</b> <b>Zip Code</b>
Recieve Text Msg?:      YES      NO			
<b>Email Address:</b>	<b>Tribe Affiliation:</b>	<b>Tribal Enrollment #</b>	
<b>Driver's License Number:</b>	<b>Have you previously been employed by Ute Tribal Enterprises?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____		
<b>List any other education, training, special skills or certificates/licenses that you posses related to this job:</b>			
<b>Have you ever been discharged or forced to resign from a position?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please explain fully on separate sheet)			
<b>Have you ever been convicted of violating any Civil or Criminal Law other than traffic offenses?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes please explain fully on separate sheet)			
<b>TYPE OF EMPLOYMENT</b> (Check all you will accept)	<b>SHIFT</b> (Check all you will accept)		<b>Are you fluent in an language other than English, Please specify:</b>
Permanent: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/>		<b>Are you able to perform the duties of the job for which you are applying with or without an accommodation?:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Temporary: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>			<b>May we contact your present employer:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Seasonal: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>State any additional information you feel may be helpful to us in considering your application:</b>			

**High School Diploma/GED:** Yes  No

**If no circle the highest grade completed:** 1 2 3 4 5 6 7 8 9 10 11 12

(Attach all transcripts and certificates of completion)

<u>College, Business, or Trade School Attended</u>			Amount of Credits Earned	Degree (B.S.,B.A.,M.A., etc)
Years Attended	Name of School	Course of Study		
			Quarter: <input type="checkbox"/> Semester: <input type="checkbox"/> Hours: _____	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Type: _____
			Quarter: <input type="checkbox"/> Semester: <input type="checkbox"/> Hours: _____	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Type: _____

**Describe any honors you have received:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Licenses:** Indicate name, type and number of licenses, registration or certification and the state issued (include driver's license):

\_\_\_\_\_

\_\_\_\_\_

**Do you have any experience, training, qualifications or skills which you feel make you especially suited for work with Ute Tribal Enterprises LLC? If so explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY RECORD:**

**Military Status:** \_\_\_\_\_ **Branch of Service:** \_\_\_\_\_

**List any special training received:** \_\_\_\_\_

\_\_\_\_\_

**Type of Discharge:** \_\_\_\_\_

**Are you now in the Reserves or National Guard? Yes  No**

**If yes, which Branch of Service?** \_\_\_\_\_

**List all equipment you can operate:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Directions: Beginning with your most recent work experience. LIST YOUR WORK HISTORY FOR THE LAST 10 YEARS. If jobs held prior to 10 years ago relate to the position you are applying for list those also. If more than one position has been held with the same organization list separately. FAILURE TO PROVIDE COMPLETE & ACCURATE INFORMATION WILL RESULT IN YOUR APPLICATION BEING DISQUALIFIED. If you are attaching a resume you must also fill in all the blanks on this application.**

**WORK HISTORY**

<b>Company Name and Phone Number:</b>		<b>Duties:</b>
<b>Company Address:</b>		
<b>Supervisor Name and Phone Number:</b>		
<b>Your Job Title:</b>		
<b>From:</b> _____ Month      Year	<b>To:</b> _____ Month      Year	<b>If you supervised employees, please indicate number and type:</b>
<b>Check One:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<b># Hours Worked per Week</b>	<b>Reason for leaving:</b>
<b>Company Name and Phone Number:</b>		<b>Duties:</b>
<b>Company Address:</b>		
<b>Supervisor Name and Phone Number:</b>		
<b>Your Job Title:</b>		
<b>From:</b> _____ Month      Year	<b>To:</b> _____ Month      Year	<b>If you supervised employees, please indicate number and type:</b>
<b>Check One:</b> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	<b>Hours worked per week</b>	<b>Reason for leaving:</b>
<b>Company Name and Phone Number:</b>		<b>Duties:</b>
<b>Company Address:</b>		
<b>Supervisor Name and Phone Number:</b>		
<b>Your Job Title:</b>		
<b>From:</b> _____ Month      Year	<b>To:</b> _____ Month      Year	<b>If you supervised employees, please indicate number and type:</b>
<b>Check One:</b> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	<b>Hours worked per week</b>	<b>Reason for leaving:</b>

**REFERENCES:** (List name, address/phone number of 3 persons not related to you whom have known you for at least one year.)

NAME	ADDRESS	NUMBER	YRS

**In case of Emergency Please Notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**CERTIFICATE OF APPLICATION** (Read carefully before signing)

**I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts in this application is cause for disqualification of application and/or separation from employment.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_

Date of interview: \_\_\_\_\_

Position: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_