



UTE TRIBAL ENTERPRISES, LLC
 7074 EAST 900 SOUTH
 P.O. BOX 769
 FORT DUCHESNE, UT 84026
 435-722-3136 OFFICE
 435-722-6810 FAX

Employment Application

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

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 ant 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

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

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: _____
