



# Tübatulabals of Kern Valley

Lake Isabella CA 93240  
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Ph: 661-889-2239

Chairman  
Vice Chair  
Sec/Treasurer  
Council  
Council

Robert Gomez  
Tina Guerrero  
Loretta Sandoval  
Sherry Click  
Betsy Johnson

## EMPLOYMENT APPLICATION

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

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

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

Email: \_\_\_\_\_ Phone Number Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you a member of the Tübatulabal Tribe:  Yes  No If yes, please enter Enrollment #: \_\_\_\_\_

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

Are you a member of another:  Federally Recognized  Non Federally Recognized Indian tribe or band

Please give name of tribal affiliation (proof of enrollment): \_\_\_\_\_

Do you serve on a Council or any elected or appointed board/committee at any level:  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

### Employment Desired

Position: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Available to travel:  Yes  No

If hired when can you start: \_\_\_\_\_ Available to work on weekends:  Yes  No

Where did you hear about this position: \_\_\_\_\_ Available to work overtime:  Yes  No

Have you ever been convicted of a misdemeanor?  Yes  No

If yes, Please explain: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, Please explain: \_\_\_\_\_

Have you been issued any traffic violation with in the last 5 years?  Yes  No

If yes, Please explain: \_\_\_\_\_

**Education & Training** (Use additional sheet(s) if necessary)

Education	Name and Location Of School	No. Of years Completed	Currently in school	Diploma, Certificate, Degree earned
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Our Organization relies on the use of computer technologies**  
**Please Indicate your level of competence.**

	Expert	Some Experience	No Experience	Application(s) used & Certifications if available
Word Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spreadsheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Internet/Web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Project Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Graphic design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Cultural & Language Experience:** Describe any traditional or specialized training, skill, licenses, certifications.

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Do you have reliable Internet connection?  Yes  No

Do you have a desktop or laptop computer?  Yes  No

Do you have experience with Teleconference Technologies?  Yes  No

Do you have experience with Cloud Storage Technologies?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?  Yes  No

If no, please describe the functions that cannot be performed: \_\_\_\_\_

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**Employment History** *Starting with the most current employment.*

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Work Performed: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Work Performed: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Work Performed: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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*Attached extra sheet(s) if necessary.*

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**References** *List names of four individuals not related to you whom you have know for at least one year.*

Name	Profession	Address & Phone Number	Email

**Please read careful.**

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

If hired, can you present a DMV printed copy of your driving record?  Yes  No

**PLEASE SUBMIT COVER LETTER AND PROFESSIONAL RESUME WITH THIS EMPLOYMENT APPLICATION.**

**Please read carefully and sign.**

*This form complies with the policies and equal opportunities provisions of the Tübatulabals of Kern Valley (TKV). It is subject to the Indian Preference Act and TKV employment ordinance(s). Employment decisions are based on merit, the TKV Employment Rights ordinances and Tribal Council needs. The Tribal Self-Determination and Education Act, (24 U.S.C. 480 et. seq.), 25 CFR 271.44 and other relevant laws and program requirements prevail.*

*The Tübatulabals of Kern Valley will not discriminate against any qualified employee or applicant/candidate with respect to any terms, privileges or conditions of employment due to a person's physical and/or mental challenge. The TKV will attempt to make reasonable accommodations for an employee who is physically/mentally challenged provided the individual is, otherwise, qualified and able to safely perform the duties of the job as assigned. These accommodations will be made as long as it does not provide an undue hardship on the Tübatulabals of Kern Valley.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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