



### APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ARE YOU A MEMBER OF THE GILA RIVER INDIAN COMMUNITY? YES NO DIST. #

**\*NOTE: You may be asked to provide proof, if hired**

ARE YOU LEGALLY MARRIED TO AN ENROLLED MEMBER OF GILA RIVER? YES NO

ARE YOU A MEMBER OF A FEDERALLY RECOGNIZED INDIAN TRIBE OTHER THAN GILA RIVER? YES NO

TRIBE NAME:

### EMPLOYMENT DESIRED

POSITION DESIRED \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

EXPECTED WAGE \_\_\_\_\_ WILL YOU ACCEPT PART-TIME EMPLOYMENT? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO YES IF YES - STATE OFFENCES, DATE &

EXPLAIN, \_\_\_\_\_

ARE YOU A U.S. CITIZEN? YES NO IF NOT, WHAT IS YOUR STATUS? \_\_\_\_\_

DO YOU HAVE A VALID ARIZONA DRIVER'S LICENSE? YES NO DRIVER'S LICENSE #. \_\_\_\_\_

ARE YOU RELATED TO ANYONE CURRENTLY IN OUR EMPLOYMENT? IF SO, PLEASE STATE NAME AND RELATIONSHIP

### EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	CERTIFICATE/ DEGREE OBTAINED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS				

SKILLS & EXPERIENCE RELATED TO THIS POSITION: \_\_\_\_\_

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

**EMPLOYMENT RECORD**

List below the last four employers, starting with the last one first.

<b>DATES EMPLOYED</b>	<b>EMPLOYER NAME/ ADDRESS</b>	<b>POSITION</b>	<b>SALARY</b>	<b>PHONE NO.</b>	<b>SUPERVISOR NAME</b>
FROM					
TO					

Duties and Responsibilities, indicating any machinery or computer software used:

Reason for Leaving:

May we contact this employer? Yes      No

<b>DATES EMPLOYED</b>	<b>EMPLOYER NAME/ ADDRESS</b>	<b>POSITION</b>	<b>SALARY</b>	<b>PHONE NO.</b>	<b>SUPERVISOR NAME</b>
FROM					
TO					

Duties and Responsibilities, indicating any machinery or computer software used:

Reason for Leaving:

May we contact this employer? Yes      No

<b>DATES EMPLOYED</b>	<b>EMPLOYER NAME/ ADDRESS</b>	<b>POSITION</b>	<b>SALARY</b>	<b>PHONE NO.</b>	<b>SUPERVISOR NAME</b>
FROM					
TO					

Duties and Responsibilities, indicating any machinery or computer software used:

Reason for Leaving:

May we contact this employer? Yes      No

<b>DATES EMPLOYED</b>	<b>EMPLOYER NAME/ ADDRESS</b>	<b>POSITION</b>	<b>SALARY</b>	<b>PHONE NO.</b>	<b>SUPERVISOR NAME</b>
FROM					
TO					

Duties and Responsibilities, indicating any machinery or computer software used:

Reason for Leaving:

May we contact this employer? Yes      No

Please explain fully all gaps in your employment history in excess of one month:



**BASED ON YOUR WORK HISTORY, PLEASE DESCRIBE YOUR PERFORMANCE IN THE FOLLOWING AREAS:**

Attendance \_\_\_\_\_  
 Effectiveness in performing job duties \_\_\_\_\_  
 Quality of Work \_\_\_\_\_  
 Interpersonal skills \_\_\_\_\_  
 Computer Related Skills \_\_\_\_\_

**REFERENCES**

*List three people(Non-Related) that can be contacted who have known you for over one year who know your working skills and working habits.*

Name	ADDRESS CITY, STATE, ZIP	PHONE NUMBER	OCCUPATION	YEARS KNOWN

**MILITARY RECORD**

MILITARY STATUS \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_

TYPE OF DISCHARGE \_\_\_\_\_ ARE YOU IN THE RESERVES OR NATIONAL GUARD? \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_

- I Authorize Investigation of all statements contained in this application, including my work history. I certify that the information contained on this application is true, correct, and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for is a case for dismissal of my application.
- I understand that if this position requires driving in the course of work, I will be required to possess a current and valid driver’s license & proof of insurance along with a copy of my driving record for the past 39 months. **If I do not provide this information, my application will not be accepted.**
- I acknowledge and understand that I will be subject to a background check and a pre-employment screening test for the presence of controlled substances.
- Further, I understand and agree that my employment is subject to the personnel policies and procedures covering employment with the Lone Butte Development L.L.C ("Lone Butte"). I also understand that the Lone Butte Development L.L.C is an "At-Will" employer, and that any written policies or documentation will not be construed as a contract of employment between applicant and Lone Butte.



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APPLICANT SIGNATURE

Please Attach Resume, if Available

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DATE SUBMITTED

Preference in filling vacancies is given to qualified enrolled Gila River Indian Community Members, other Indians, and non-Indian spouse of an officially enrolled Community Member in accordance with the Tribal Employment Rights Office (T.E.R.O) Ordinance (NO. GR-02-09, Gila River Indian Community).

**Lone Butte Development L.L.C is an Equal Opportunity Employer**

**Please submit Application to: Lone Butte Development L.L.C, 1235 S. Akimel Lane, Chandler, AZ  
85226**

**(520) 796-5632 PH/(520) 796-1032 FAX, ATTN: HUMAN RESOURCES**