

# Morongo Band of Mission Indians EMPLOYMENT APPLICATION



Preference in employment is provided to qualified Native American applicants. After providing Indian preference in employment as allowed by federal law, the Morongo Band of Mission Indians strives to be an equal opportunity employer dedicated to the policy of nondiscrimination based on race, sex, marital status, sexual orientation, religion, national origin, age, mental or physical disability, veteran status or any other non job-related factor.

**Instructions:** Complete all necessary information, and sign/date application. All applicants will be required to complete the employment application to be considered for an open position with the Morongo Band of Mission Indians. Applications will be kept on file for a period of 6 months. It is the responsibility of the applicant to check/update their application.

<b>PERSONAL</b>					
Last Name	First	Middle	Date		
Street Address				Telephone	
City	State	Zip	Other Telephone		
Email address:					
Have you ever applied for employment with us? <input type="checkbox"/> Yes – Month/Year? _____ <input type="checkbox"/> No					
Have you ever been employed by the Morongo Band of Mission Indians? <input type="checkbox"/> Yes – Month/Year? _____ <input type="checkbox"/> No					
If Yes, which establishment: <input type="checkbox"/> A&W <input type="checkbox"/> Canyon Lanes <input type="checkbox"/> Casino Morongo <input type="checkbox"/> Coco's <input type="checkbox"/> Hadley's <input type="checkbox"/> Golf <input type="checkbox"/> Travel Center/Shell <input type="checkbox"/> Tribal Administration					
Position desired:				Pay requested:	
Will you work any shift? <input type="checkbox"/> Yes <input type="checkbox"/> No		Shift Preferred:		Will you work overtime if asked: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Available date to begin work:					
Can you, after offer of employment, submit verification of your legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How did you hear about us? (Please tell us by who or where on the line provided)					
<input type="checkbox"/> Employee Referral _____		<input type="checkbox"/> Newspaper _____		<input type="checkbox"/> Tribal Member Referral/Access Channel	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Website _____		<input type="checkbox"/> Walk-In	

<b>EDUCATION</b>					
	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PREVIOUS EMPLOYMENT

Beginning with your current or most recent employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment. "See Resume" is not acceptable; please complete all. Do not leave gaps in employment. You may fill in gaps with "student", "unemployed", "homemaker", etc.

1	Company Name		Telephone
	Address		Employed: (month/year) From:                      To:
	Name of Supervisor	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?	Hourly/Annual Pay Start:                      Last:
	Job Title		Reason for Leaving:
	Job duties		

2	Company Name		Telephone
	Address		Employed: (month/year) From:                      To:
	Name of Supervisor	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?	Hourly/Annual Pay Start:                      Last:
	Job Title		Reason for Leaving:
	Job duties		

3	Company Name		Telephone
	Address		Employed: (month/year) From:                      To:
	Name of Supervisor	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?	Hourly/Annual Pay Start:                      Last:
	Job Title		Reason for Leaving:
	Job duties		

4	Company Name		Telephone
	Address		Employed: (month/year) From:                      To:
	Name of Supervisor	May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?	Hourly/Annual Pay Start:                      Last:
	Job Title		Reason for Leaving:
	Job duties		

Describe any training/experiences that are relevant to the position for which you are applying.

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**ADDITIONAL INFORMATION**

Are you over 18 years of age?  Yes  No

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If you are applying for a position in which alcohol is served or sold, are you over 21 years of age?  Yes  No

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Have you been convicted of a felony?  Yes  No

**MILITARY:** Did you serve in the U.S. Armed Forces?  Yes  No If "yes", in what branch? \_\_\_\_\_

State names of relatives and friends working for Morongo.

Name	Relationship	Where do they work?

**REFERENCES**

List three (3) **business references** (supervisors, co-workers, business customers, etc.)

<b>1</b>	Name: _____	Relation: _____	Telephone: _____
<b>2</b>	Name: _____	Relation: _____	Telephone: _____
<b>3</b>	Name: _____	Relation: _____	Telephone: _____

**TRIBAL INFORMATION**

Are you a member of the Morongo Band of Mission Indians?  Yes  No If yes, what is your enrollment #? \_\_\_\_\_

Are you a spouse of a member of the Morongo Band of Mission Indians?  Yes  No If yes, state name of spouse: \_\_\_\_\_

Are you a descendant of a member of the Morongo Band of Mission Indians?  Yes  No If yes,  Mother  Father (member's name): \_\_\_\_\_

Are you a member of another Indian Band or Tribe?  Yes  No If yes, which tribe? \_\_\_\_\_  
 Enrollment # \_\_\_\_\_

## AUTHORIZATION

I understand the Immigration Reform and Control Act of 1986, requires me to prove the legality of my residency or citizenship. I am also aware that failure to provide such proof at the time of request may legally force my termination. I understand that nothing contained in this employment application or in granting of an interview is intended to create a contract between myself and this company for either my employment or the provision of any benefits. I further understand that if an employment relationship is subsequently established, I will have the right to terminate my employment at any time and the company will have a similar right to terminate my employment at any time with or without cause.

I certify that all answers to questions in this application and additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or discharge if hired.

I hereby authorize the Morongo Band of Mission Indians to investigate all information and statements contained herein, and I give the Morongo Band of Mission Indians permission to verify any and all information regarding my previous employment and release all parties from liability for any damages that may result from furnishing such information to the Morongo Band of Mission Indians.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### For Morongo Human Resources Use Only

Walk-in Interview Date:	Interviewed by:	Input: <input type="checkbox"/> Tracking <input type="checkbox"/> Source
Recommended for position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Why:	
Date forwarded to department:	Forwarded to:	
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	
If No, please explain.		
Notes:		

**Morongo Tribal Administration & Enterprises**  
**Human Resources Department**  
**12700 Pumarra Road, Banning, CA 92220**  
**www.morongo-nsn.gov**  
**resumes@morongo-nsn.gov**  
**(Phone) 951.755.5180 \* 951.922.0321 (Fax)**

