

APPLICATION FOR EMPLOYMENT

NAME			DATE		
ADDRESS	DDRESSCITY		STATEZIP		
PHONE	SECONDARY PHONE		EMAIL		
*NOTE: You may b ARE YOU LEGALLY I	ER OF THE GILA RIVER INDIAN COMMU e asked to provide proof, if hired MARRIED TO AN ENROLLED MEMBER (ER OF A FEDERALLY RECOGNIZED INDIA DESIRED	OF GILA RIVER? YES	NO	NO	
POSITION DESIRE	D	DATE YOU C	AN START		
EXPECTED WAGE	<u>-</u>	WILL YOU ACCEPT F	ART-TIME EMPLO	OYMENT?	
	BEEN CONVICTED OF A FELONY? N			,	
DO YOU HAVE A VA	IZEN? YES NO IF NOT, WHAT ALID ARIZONA DRIVER'S LICENSE? YES TO ANYONE CURRENTLY IN OUR EMPL	NO DRIVER'S	LICENSE #		
EDUCATION					
TYPE OF SCHOOL GRAMMAR	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	CERTIFICATE/ DEGREE OBTAINED	
HIGH SCHOOL					
COLLEGE					
TRADE OR BUSINESS					
SKILLS & EXPERIE	NCE RELATED TO THIS POSITION:	-			



EMPLOYMENT RECORD

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

DATES EMPLOYED	EMPLOYER NAME/ ADDRESS	POSITION	SALARY	PHONE NO.	SUPERVISOR NAME
FROM					
то					

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

Reason for Leaving:

May we contact this employer? Yes No

DATES EMPLOYED	EMPLOYER NAME/ ADDRESS	POSITION	SALARY	PHONE NO.	SUPERVISOR NAME
FROM					
то					

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

Reason for Leaving:

May we contact this employer? Yes

No

DATES EMPLOYED	EMPLOYER NAME/ ADDRESS	POSITION	SALARY	PHONE NO.	SUPERVISOR NAME
FROM					
то					

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

Reason for Leaving:

May we contact this employer? Yes

No

DATES EMPLOYED	EMPLOYER NAME/ ADDRESS	POSITION	SALARY	PHONE NO.	SUPERVISOR NAME
FROM					
то					

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:



		ESCRIBE YOUR PERFOR		OWING AREAS:	
Effectiveness in perfo	rming job duties				
Quality of Work					
Interpersonal skills					
Computer Related Ski	lls				
REFERENCES					
List three people(Non-	Related) that can be c	ontacted who have knov	wn you for over one y	ear who know your	
working skills and wor	king habits.		, ,	•	
Name	ADDRESS CITY, STATE, ZIP	PHONE NUMBER	OCCUPATION	YEARS KNOWN	
MILITARY RECORD					
MILITARY STATUS	LITARY STATUSBRANCH OF SERVICE				
TYPE OF DISCHARGE		_ARE YOU IN THE RESER	VES OR NATIONAL G	UARD?	
_		-			
IN CASE OF EMERGEN	ICY PLEASE NOTIFY:				
NAME		RELATIONSHIP _			
ADDRESS					
HOME PHONE		SECONDARY PH	IONE		

- 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 preemployment 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.



APPLICANT SIGNATURE	DATE SUBMITTED
Please Attach Resume, if Available	

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 ATTN: HUMAN RESOURCES

Email: cwaquie@lbidc.com

OR

Mail: Lone Butte Development L.L.C, 1235 S. Akimel Lane, Chandler, AZ 85226

OR

Fax: (520) 796-1032

Phone: (520) 796-5632