

Pueblo of Jemez Human Resources Department PO BOX 100 Jemez Pueblo, New Mexico 87024 Phone: (575) 834-6333

E-Mail: humanresources@jemezpueblo.org

APPLICATION FOR EMPLOYMENT FORM

- 1. Employment Application Form, must be submitted to the Human Resources Department as follows:
 - In-Person Delivery deliver to the Pueblo of Jemez Human Resources Office, please make sure you place your documents in a sealed envelope to ensure CONFIDENTIALITY of the submitted documents, when delivering In-Person
 - E-Mail Delivery humanresources@jemezpueblo.org (title the e-mail with the Position Announcement Number, Title, and your First Name/Last Name
 - Mail Delivery address as follows;
 Pueblo of Jemez CONFIDENTIAL
 Attn: Human Resources Department
 PO BOX 100
 Jemez Pueblo, New Mexico 87024
- 2. Applicants may be required to submit documented proof of any license, degree or other requirement stated on the Position Announcement and/or Application Employment Form
- 3. A separate Application Form is required for each position applied for
- 4. A Professional Resume is required to be attached upon submission
- 5. Incomplete submissions will be disqualified from consideration

CHECKLIST SUBMISSION

 Completed Application of Employment Form
 Cover Letter
 Professional Resume
 High School Diploma, General Education Degree (GED)
 Degrees, Transcripts
 Certifications, Credentials, Licensures
 Driver's License
 Tribal Enrollment Document, if Applicable
Military DD 214 Form If Applicable



GENERAL INFORMATION

Date Submitted:	
Position Announcement #:	
Position Announcement Title:	
Date of availability to begin work:	
Status of availability to work:	Full-Time, Part-Time, Seasonal
Salary Desire:	

PERSONAL INFORMATION

Last Name:	
First Name:	
Middle Initial:	
Sex:	
Date of Birth:	
Marital Status:	
Mailing Address:	
Physical Address:	
Home Phone Number:	
Cell Phone Number:	
Message Phone Number:	
E-Mail Address:	
Tribal Affiliation:	
Have you served in the US Military:	
What Branch of Military Service:	
Dates of Military Service, From –	
То:	
Type of Military Discharge:	
Emergency Contact Name:	
Emergency Contact Number:	

Note: Tribal Affiliation Section, if you filled in this section, attach your Tribal Enrollment Card; Military Service, if you filled in this section, attach a copy of your DD 214 Form.

PERSONAL BACKGROUND INFORMATION

Do you have a Valid Driver's License:	
Current Auto Insurance Carrier:	
Dates of Auto Coverage:	
Have you ever been convicted of or	
pleaded guilty to any law violation,	
if yes, provide the details and	
information:	



EDUCATIONAL BACKGROUND INFORMATION

School	Name & Address of School	Course of Study	Years Completed	Type of Degree
High School				
College or				
University				
Graduate or				
Professional				
Vocational Trade				
Summarize any				
special training,				
skills, licenses,				
and/or				
certificates that				
may qualify you a				
being able to				
perform the job				
functions of the				
position you are				
applying for:				
Summarize level				
of use with				
Microsoft Suite;				
Word, Excel,				
Outlook,				
PowerPoint, and				
any other				
Computer				
Software				
knowledge:				

Note: Copy of college transcript of grades must be provided with Degrees.



EMPLOYMENT INFORMATION

Start with your most recent place of employment. Please include any Military Service Assignments and Volunteer Work (Non-Paid), if the work (or part of the work), is applicable to the position that you are applying for. Attach additional pages if you need additional space.

1.) Employers Name:	
Employers Address:	
Employers Phone Number:	
Supervisor's Name & Title:	
Position Title:	
Position Starting Date:	
Position Ending Date:	
Starting Salary:	
Ending Salary:	
Hours Worked Per Week:	
Duties & Responsibilities:	
Reason for Leaving, or Reason for	
Considering Leaving:	
2.) Employers Name:	
Employers Address:	
Employers Phone Number:	
Supervisor's Name & Title:	
Position Title:	
Position Starting Date:	
Position Ending Date:	
Starting Salary:	
Ending Salary:	
Hours Worked Per Week:	
Duties & Responsibilities:	
Reason for Leaving, or Reason for	
Considering Leaving:	
3.) Employers Name:	
Employers Address:	
Employers Phone Number:	
Supervisor's Name & Title:	
Position Title:	
Position Starting Date:	
Position Ending Date:	
Starting Salary:	
Ending Salary:	
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Pueblo of Jemez – Human Resources Department Application for Employment Form



Hours Worked Per Week:	
Duties & Responsibilities:	
Reason for Leaving, or Reason for	
Considering Leaving:	
4.) Employers Name:	
Employers Address:	
Employers Phone Number:	
Supervisor's Name & Title:	
Position Title:	
Position Starting Date:	
Position Ending Date:	
Starting Salary:	
Ending Salary:	
Hours Worked Per Week:	
Duties & Responsibilities:	
Reason for Leaving, or Reason for	
Considering Leaving:	

REFERENCES (PERSONAL & PROFESSIONAL)

List three (3) Personal References, and three (3) Professional References, who are not personal related to you, who will know your qualifications and fitness for the kind of job you are applying for. Do not list any relatives or personal friends. Make sure that the individuals you list are available for inquiries of reference, inability to contact your listed references can delay the employment process for you.

Personal References:	
1.) Personal Reference Name:	
Personal Reference Title:	
Phone Number:	
Address:	
2.) Personal Reference Name:	
Personal Reference Title:	
Phone Number:	
Address:	
3.) Personal Reference Name:	
Personal Reference Title:	
Phone Number:	
Address:	
Professional References:	
1.) Professional Reference Name:	
Professional Reference Title:	
Phone Number:	
Address:	
2.) Professional Reference Name:	
Professional Reference Title:	
Phone Number:	
Address:	
3.) Professional Reference Name:	
Professional Reference Title:	
Phone Number:	
Address:	



APPLICANT STATEMENT

I certify that all information, I have provided in order to apply for and secure work with the Pueblo of Jemez is true, complete and correct.

I authorize the Pueblo of Jemez, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this Application for Employment, resume, and job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand and acknowledge that this Application for Employment does not create an employment relationship with the Pueblo of Jemez.

This Application for Employment shall be considered active for a period of three (3) months for this position. Any applicant wishing to be considered for employment beyond this time period will be required to complete a new Application for Employment for this position.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of the Application for Employment, withdrawal of any offer of employment, or immediate dismissal from employment.

In the event of employment, I further understand that I am required to abide by all policies, rules, and regulations of the Pueblo of Jemez.

Applicant Name (Print)	 Date	

I certify that I have read, fully understand and accept all terms of the Applicant Statement.



Applicant (Signature)