



Cayuga Nation

Department of Human Resources

P.O. Box 803 • Seneca Falls, NY 13148 • Phone (315) 568-0750 • Fax (315) 568-0752 • E-mail admin@cayuganation-nsn.gov

Application for Employment

The Cayuga Nation will not discriminate against any applicant for employment on the basis of race, color, religion, sex, age, national origin, pre-existing health conditions in need of reasonable accommodations. Preference will be given to enrolled member of the Cayuga Nation and to other Native Americans living on or near the Cayuga Territories. Applicants for employment under programs operated with federal funds and state funds may be entitled to protection against discrimination under various federal and state laws. All applicants for employment are entitled to protection under the Federal Indian Civil Rights Act of 1964.

_____ Date

Personal Information

_____ Last Name, First, Middle Initial Social Security No.

_____ Address City NY Zip Code

_____ () () @

_____ Home Phone Cell Phone E-mail Address

Tribal Affiliation or Nation: _____

Native American? Yes No Enrolled Cayuga? Yes No Current & Valid NYS Driver's License? Yes No

Education

High School: Highest Grade Completed? _____ College: Highest Year Completed? _____

High School, Trade School, College, University Address Graduate? Degree/Major

Yes No

Yes No

Yes No

Training Skills

List any pertinent training or skills acquired:

Military Service

Branch: Date Entered: Date Discharged: Rank at Discharge:

Are you now or have you ever been convicted of, or are you being currently prosecuted for a Felony? Yes No

If Yes, list charge(s), date(s), city, Name & Address(es) of courts involved, and final disposition:

Position Information

Position Desired:

Experience:

Salary Desired

1.

Years

Months

2.

Years

Months

Type of work Preferred: Full-Time Part-Time Temporary Shift Weekends Available to Start: _____

Employment History

All applicants must provide employment history for the past **10 years**. Please start with the **most recent** employer and account for all periods of unemployment.

From:	To:	Type of Work	Rate of Pay	Reason for Leaving
-------	-----	--------------	-------------	--------------------

Month / Year to Present

Company:

Address:

City & State:

Supervisor's Name & Phone #

Month / Year to Month / Year

Company:

Address:

City & State:

Supervisor's Name & Phone #

Month / Year to Month / Year

Company:

Address:

City & State:

Supervisor's Name & Phone #

Month / Year to Month / Year

Company:

Address:

City & State:

Supervisor's Name & Phone #

References

Please list two job-related references who are familiar with your ability. Must not include any relatives.

Name: Occupation City State Telephone

Please Read Carefully the Following Acknowledgement Statement Before Signing

I understand that the Cayuga Nation is relying upon all of the representations, both written and oral, which I have made or do during the entire recruitment process with the Cayuga Nation. I acknowledge that the Cayuga Nation has the right to investigate any job related information that the Cayuga Nation believes relevant including, but not limited to, employment history and educational background. I hereby release and agree to hold the Cayuga Nation harmless from all liability resulting in any way from such investigation and from all attorney fees resulting from any legal action I may institute which is within the scope of this waiver.

I also authorized my former employers, schools and personal references to provide any information they may have regarding me. I hereby release them and their company from all liability for divulging same.

I hereby understand and agree that my employment is at will, that nothing in this application or in any other company document shall be deemed to create any contract of employment between me and the Cayuga Nation and that my employment can be terminated at anytime by myself or the Cayuga Nation for any or no cause. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me.

I understand that if I make any false statements, misrepresentations, or omissions in this application process. I may be discharged at anytime during my employment and I agree to hold the Cayuga Nation and persons named herein harmless in that event.

Applicant Signature

Date

For Office Use Only:



Cayuga Nation

Human Resources

P.O. Box 803 • Seneca Falls, NY 13148 • Phone (315) 568-0750 • Fax (315) 568-0752 • E-mail admin@cayuganation-nsn.gov

Authorization for Release of Information

I, _____ hereby authorize the Cayuga Nation to investigate my former employment record as indicated on my resume or Cayuga Nation Application for Employment in consideration of the position(s) applied for.

I further authorize work related reference be supplied to the Cayuga Nation Human Resources Office.

I hereby release the Cayuga Nation, its employees, officers, agents and directors from all liability for damages arising out of the furnishing of this information as requested by me.

Application Signature

Witness Signature

Printed Name of Applicant

Printed Name of Witness

Previous Last Name(s) of Applicant

Date

Date