



**California Tribal TANF Partnership**  
**P.O. Box 988 • Nice, CA 95464**  
**Phone (707) 262-4400 • Fax (707) 262-4419**

**APPLICATION FOR EMPLOYMENT -- Must Be Fully Completed**

Date:		Phone:		Cell Phone:		Social Security #:	
Last Name:			First Name:			Middle Initials:	
Street Address:			City:		State:	Zip:	
Permanent Street Address:			City:		State:	Zip:	
If related to anyone in our employ, List name and Department (e.g., Spouse) :					Referred By:		
Position Applying For:			Date You Can Start:		Salary Desired:		
Employed Now? <input type="checkbox"/> Yes - <input type="checkbox"/> No			If so, may we inquire of your present employer? <input type="checkbox"/> Yes - <input type="checkbox"/> No				
Applied to this CTPP before? <input type="checkbox"/> Yes - <input type="checkbox"/> No				Where?		When?	
Are you claiming Native American preference? <input type="checkbox"/> Yes - <input type="checkbox"/> No    Registration/Enrollment#:							
EDUCATION	NAME & LOCATION OF SCHOOL	NUMBER OF YEARS	DID YOU GRADUATE	SUBJECT STUDIED			
Grammar School			<input type="checkbox"/> Yes - <input type="checkbox"/> No				
High School			<input type="checkbox"/> Yes - <input type="checkbox"/> No				
College			<input type="checkbox"/> Yes - <input type="checkbox"/> No				
Business or correspondence school			<input type="checkbox"/> Yes - <input type="checkbox"/> No				
GENERAL:							
List of special study or research work:							
Activities: (Civic,Athletic,Etc)							

**Employment History: *Must be fully completed even if submitting a resume.***

Date (From/To) Month & Year	Name/Address/Phone of Employers (Last job first)	Salary (required)	Position	Reason for Leaving

**References: List names of three people not related to you, whom you've known for at least one year.**

Name Of Reference	Phone Number	How You Know This Person	Years Acquainted

**I authorize investigation of all statements contained in this application and on my resume. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment with California Tribal TANF is "AT WILL" and is for no definite period, and may, regardless of my wages and salary, be terminated at any time without prior notice.**

Print Name:	Signature:	Date:
-------------	------------	-------

***Please submit a resume along with this application.***