

19. NAME OF EMPLOYER:	DATES OF EMPLOYMENT
ADDRESS:	FROM (MONTH AND YEAR):
NAME / TITLE OF SUPERVISOR:	TO (MONTH AND YEAR):
YOUR TITLE:	HOURS PER WEEK:
DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED	

REASONS FOR WANTING TO LEAVE:

20. NAME OF EMPLOYER:	DATES OF EMPLOYMENT
ADDRESS:	FROM (MONTH AND YEAR):
NAME / TITLE OF SUPERVISOR:	TO (MONTH AND YEAR):
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YOUR TITLE:	HOURS PER WEEK:
DESCRIBE EACH MAJOR FUNCTION OR DUTY PERFORMED	

REASONS FOR WANTING TO LEAVE:

CONDITIONS OF EMPLOYMENT
(Please read carefully before signing)

In submitting an application, I understand that false statements may be grounds for not hiring me or for firing me after I begin work. If I am employed I assure the San Carlos Apache Tribe that I am bondable (for positions which require employees to be bonded). I authorize the San Carlos Apache Tribe to investigate all statements on this application and releases from all liability all persons, corporations, schools, or other organizations furnishing information. I further understand that, if employed on a permanent basis, I will be subject to a probationary period as specified in the Tribal Personnel Policies and Procedures.
Incomplete applications will not be considered.

SIGNATURE OF APPLICANT

DATE

