



TRIBE SERVICES LLC

PO BOX 1019
COLORADO CITY, AZ 86021

Employment Application. Please print clearly and legibly.

Applicant Information												
Full Name	Last:			First:			Middle:			Date of Birth		
Street Address:										APT #		
City							State		ZIP			
Mailing Address:												
City							State		ZIP			
Phone:				Email:								
Social Security#				Driver License #				Exp. Date		State		
Emergency contact:							Phone :		Relationship			
Do you have an apprentice or Journeyman license?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, license #				Exp. Date		State	
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you authorized to work in the United States?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
A background check may be required; are there any prior acts that may be discovered as a result of this check?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:							
Have you ever been convicted of drug possession or drug use?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, date of conviction and explanation:							
Have you ever been convicted of an offense of misdemeanor or higher (do not include minor traffic offenses)?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, date of conviction and explanation:							
Education												
Do you have a High School diploma or GED?				YES <input type="checkbox"/>	NO <input type="checkbox"/>							
High School:					City, State:							
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highest grade completed:					
College:					City, State:							
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					
Other:					City, State::							
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:					
Professional References – List two												
Full Name:								Relationship:				
Company:								Phone: ()				
Address:												
Full Name:								Relationship:				
Company:								Phone: ()				
Address:												

Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give approximate dates:	
Reason for leaving:					
Previous and Most Recent Employment					
Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Military Service					
Branch:			From:	To:	
Rank at Discharge:			Type of Discharge:		
If other than honorable, explain:					
Disclaimer and Signature					
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>					
Signature:				Date:	