

TRIBE SERVICES LLC

PO BOX 1019 COLORADO CITY, AZ 86021

Employment Application. Please print clearly and legibly.

Employment A	pplication.	rieas	e prin	it clearly	and i	∌gibiy.	ı						
				Applicant	Inform	ation							
Full Name Last:		Firs	t·			Middle	·		D	ate of Rin	h		
Street Address:	Middle:					Date of Birth							
		1				APT #							
City							3	State		ZIP			
Mailing Address:										715			
City								State		ZIP			
Phone:				Email:					1				
Social Security#				Driver License #					Exp. Date State			9	
Emergency contact:		LVEC	I NO	Phone :						Relationship			
Do you have an apprentice or Journeyman license?			If you license #					Evn	Date	State	2		
Journeyman license:		YES	NO	If yes, license # Exp. Dat							ES	NO	
Are you a citizen of the	e United States?			Are you authorized to work in the United States?]		
A background check m are there any prior act discovered as a result	YES	NO	If yes, please explain:										
Have you ever been co	NO												
possession or drug use Have you ever been co		\		If yes, date of conviction and explanation:									
offense of misdemean	or or higher	YES	NO	If yes, date of conviction and explanation:									
(do not include minor	trame onenses)?				cation	tion and e	explanation:						
Do you have a High So	chool diploma or GI	ED?	YE		oation								
High School:					City, St								
From:	To:	To: Did you gr				NO	Highest grade completed:						
College:					City, St		1						
				yES NO Degree:									
From:	To:		Dia yo	ou graduate?			<u>De</u>	gree:					
Other:					City, St								
					YES	NO							
From:	To:			ou graduate? ssional Ref	oronos			gree:					
Full Name:			Profes	SIOHAI KEI	erence	:5 — LISI		lationship:					
Tuli Name.							INC	iationship.					
Company:							Ph	one: ()					
Address:													
Full Name:							Re	lationship:					
Company:							Ph	one: ()					
Address:													

Have you ever worked for this company? YES NO If yes, give approximate date								dates:					
Reason for leaving:													
			Prev	ious an	d Most	Recen	t Empl	loymen	t				
Company:									Phone:	()			
Address:	Supervisor:												
Job Title:				Startin	g Salary:	\$			Eı	nding Salary:	\$		
Responsibilities													
From:	To	To: Reason for Leaving:											
May we contac	ct your pre	vious supervisor	for a referen	YE nce?	ES		NO						
Company:									Phone: () Supervisor:				
Address:													
Job Title:	Starting Salary: \$ Ending Salary: \$												
Responsibilities From:	s: To	<u> </u>	Rea	son for Lea	avina:								
					. J								
				YE	-9		NO						
May we contac	t your pre	vious supervisor	for a referen										
Company:									Phone:	()			
Address:									Supervisor	r:			
Job Title:					Starting S	Salary	\$	ı		Ending Salary:	\$		
					Starting .	balal y.	Φ		I	Lituing Salary.	Φ		
Responsibilities From:	To	:	Rea	son for Lea	aving:								
				YE	ES .		NO						
May we contact your previous supervisor for a reference?													
					Military	y Servio	e	From:		To:			
Branch:								1101111	1	10.			
Rank at Discharge:						Т	ype of D	ischarge:					
If other than honorable, explain:													
Disclaimer and Signature													
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.													
Signature:		•								Date:			