



Fort Mojave Indian Tribe

Human Resource Department

500 Merriman Avenue, Needles, CA 92363

760.629.6147

TO: All Applicants

Effective immediately, an application must be completed for each position desired. The Human Resources staff will not make changes for you.

The application must be completed in black or blue ink, with each area filled out or the application will not be processed. A resume is required to be attached to the completed application.

If hired for a position within the Fort Mojave Indian Tribe, the incumbent must be prepared to abide by the following:

1. Complete all new hire paperwork.
2. Present original social security card to have a copy made.
3. Present a picture ID to have a copy made.
4. Provide proper documentation for the I-9 forms.
5. Must pass a drug screening. ***Please be aware that while certain drugs may be legal in some states, the Fort Mojave Indian Tribe adheres to federal law, which prohibits the use of marijuana or any of its derivatives.***
6. May be required to have fingerprints completed by the Fort Mojave Tribal Police.
7. May be required to pass a thorough background check, depending on the position.
8. If hired for a driving position or will drive for the Fort Mojave Indian Tribe, you must have a current driver's license and be insurable under the Tribes' insurance policy.

Your cooperation is appreciated. If you have any questions, do not hesitate to ask an HR staff member.



FORT MOJAVE TRIBAL POLICE

8494 S. Highway 95, Mohave Valley, AZ 86440
Phone: (928) 346-1521 / Fax: (928) 346-1302

Authorization for Release of Information

I authorize any investigator, or other duly accredited representative of the agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, or other sources of information. This information may include, but is not limited to, my academic residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I further authorize any investigator, or other duty accredited representative of the Fort Mojave Tribal Police Department, who is conducting my background investigation or adjudication, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a position working with children or for the Fort Mojave Tribal Police Department. I understand that I may request a copy of such records as may be available to me under the law.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, or other duly accredited representative authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the Fort Mojave Tribal Police Department only for the purpose of determining my suitability for employment or retention with the Fort Mojave Tribal Police Department.

I forever release, fully discharge, and agree to indemnify, defend and hold harmless the Fort Mojave Tribal Police Department and their respective officers, employees, Board members, volunteers, representatives and agents from any and all claims, causes of action, responsibility, liability, damages, losses, costs and expenses of any nature related directly or indirectly to performing such investigations and criminal history checks and using and relying on any information obtained therefrom. Additionally, I forever release, full discharge, and agree to indemnify, defend and hold harmless any current or former employer or educational institution, and any officer, employee, volunteer, representative or agent thereof, that furnishes written or verbal information about me from any and all claims, causes of action, responsibility, liability, damages, losses, costs and experiences of any nature related directly or indirectly to furnishing such information.

Copies of this information that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Fort Mojave Tribal Police Department, whichever is sooner.

Signature (sign in black ink)		Print Name		Date Signed	
Position in which you are being investigated				Primary Contact Number	
Current address		State	Zip Code	Secondary Contact Number:	

Sworn and Subscribed To Before Me This: _____ Day of _____
By: _____
State of: _____ County of: _____
Signature of Notary Public: _____



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MOTOR VEHICLE RECORD RELEASE AUTHORIZATION

Today's Date: _____

To: Fort Mojave Indian Tribe and entities

It is understood that my job position requires (or may require) me to either drive a company owned vehicle or my own vehicle on company business.

I understand the insurance company writing my employer's automobile insurance requires a copy of my current driving record to assess my insurability. I also understand that I have the right to see a copy of my Motor Vehicle Record (MVR) upon request.

By this letter, I hereby authorize my employer's insurance company and/or its agent Heffernan Insurance Brokers to obtain the necessary MVR and to send a copy of my MVR to my employer.

This authorization will be valid until such a time as I leave my employer.

Please print your full name:

Last Name

First Name

Middle Name

Driver's License Number

Driver's License State

Date of Birth
(if not California)

Signature

Date

EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Please fill out job duties as detailed as possible.

May we contact your past employers listed below? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		Dates Employed		Job Duties:
		From	To	
Address				
Telephone:		Hourly/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Job Duties:
		From	To	
Address				
Telephone:		Hourly/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Job Duties:
		From	To	
Address				
Telephone:		Hourly/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Job Duties:
		From	To	
Address				
Telephone:		Hourly/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

FMIT Application, Continued

Applicant's Name: _____

Please include professional and personal references. This does not include relatives. *This Application will **NOT** be accepted if all **four (4)** references are not completed.

Name	Address	Phone Number	Relationship
*1.			
*2.			
*3.			
*4.			

List other skills (typing, computer, etc.)
List professional, trade, business or civic activities and offices held. (Exclude those which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)
Have you ever been convicted or plead "no contest" to a felony, misdemeanor or other criminal offense in any Tribal, State, Federal or other court, including but not limited to the Fort Mojave Tribal Court, for which the records of such conviction or plea have not been expunged or sealed by the court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date