



# PUEBLO OF LAGUNA

## JOB SKILLS APPLICATION

Please complete this application to the best of your ability. If you have questions, please contact Ms. Kathleen Smith @ 552-7021. This application will be entered into the Pueblo of Laguna's Employment Compliance Program database. This does not guarantee you employment. Prospective contractors / employers will be viewing your skills and will contact you directly. If you feel that you have not been given proper consideration in accordance with your qualifications, you may contact the Pueblo's Employment Compliance Program for remedies as afforded in the Pueblo's Indian Preference Code.

### GENERAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Message Phone Number: \_\_\_\_\_

Are you an enrolled member of the Pueblo of Laguna? Yes  No

Enrollment #: \_\_\_\_\_

Are you enrolled in another Pueblo / Tribe? Yes  No  If you are an enrolled member of another Pueblo / Tribe, you must attach documentation proving Indian status to be eligible for Indian Preference

Do you have a valid Driver's License? Yes  No  State of Issue: \_\_\_\_\_

Do you have a CDL? Yes  No  Endorsements: \_\_\_\_\_

Please attach a copy of your Driver's License to the application

### EDUCATION / TRAINING

Professional Licenses, Registrations, or Certificates (Please attach copies):

\_\_\_\_\_

Educational Institution Name	Training / Vocation Type	Dates Attended	Degree / Certification Obtained

## WORK HISTORY

List your last 3 Employers – starting with the most recent:

(1) Name of Employer: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Duties: \_\_\_\_\_

(2) Name of Employer: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Duties: \_\_\_\_\_

(3) Name of Employer: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Duties: \_\_\_\_\_

## JOB SKILLS

List Job Skills that you are qualified for and the amount of time you have spent in the field

SKILL	YEARS / MONTHS

## Acknowledgement

I hereby certify that the information provided in this Job Skills Application is true and complete to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_

Date