MASHPEE WAMPANOAG TRIBE
JOB APPLICATION
EMPLOYMENT APPLICATION

The Mashpee Wampanoag Tribe provides Native American Preference in its employment opportunities to all applicants and employees.

1. Applicant Information
   Applicant Name ____________________________________________
   Address __________________________________________________
   City __________________________ State __________________ Zip code _____________
   Number of years at this address? _____________
   Daytime Phone ____________________________ Evening Phone ____________________________
   Social Security Number ____________________ Email Address _________________________________

2. Emergency Contact
   Who should be contacted if you are involved in an emergency?
   1st Contact Name __________________________ 2nd Contact Name ____________________________
   Relationship to you? __________________________ Relationship to you? __________________________
   Address __________________________________________________ Address ____________________________
   City ___________________________________ City ___________________________________
   State __________________ Zip code ___________ State __________________ Zip code ___________
   Phone a.m. __________ p.m. ___________ Phone a.m. __________ p.m. __________________

3. Position Applied to:
   Who or how were you referred to our organization? ___________________________________________
   Have you submitted an application with MWT previously? ______ YES _______NO
   Have you ever worked for the Mashpee Wampanoag Tribe previously? If yes, list position, location and dates of employment.
   If you answered yes to the previous question, list your reasons for leaving ______________________________
   Do you have any immediate relatives working for the Tribe? If yes, please list relationship and what position they are employed to under MWT.
   Are you at least 18 years of age? ______YES _______NO
   If offered employment, when would you be available to begin work?
   Are you legally eligible to work in the United States?
   Are you able to perform the essential functions of the job position with or without reasonable accommodations? ______YES with reasonable accommodations ______YES without reasonable accommodations

   What reasonable accommodation, if any would you require?

4. Applicant Skills
   Check your skills and list any others that may be useful for the position you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (“1” represents low ability, while a “5” represents exceptional ability).

   Language Skills
   Primary Language ___________________________________________ { } Speak { } Read { } Write
   Secondary Language _________________________________________ { } Speak { } Read { } Write

   Ability or Skill Rating Years of Experience
   ☐ Word Processing 1 2 3 4 5 ______
   ☐ Accounting/Bookkeeping 1 2 3 4 5 ______
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☐ Filing 1 2 3 4 5 ____
☐ Management & Leadership 1 2 3 4 5 ____
☐ Attention to Detail 1 2 3 4 5 ____
☐ Problem Solving Skills 1 2 3 4 5 ____
☐ Interpersonal Skills 1 2 3 4 5 ____

Other Skills ☐ Microsoft Outlook ☐ Word ☐ PowerPoint ☐ Excel ☐ Access ☐ Other Specify

List all Licenses, Certificates and Certifications:

______________________________________________________________________________________

5. Applicant Employment History
List your current or most recent employment from most recent to past 5 years.

Employer Name ____________________________________________
Address _____________________________City _________________State _______Zip Code _______
Job Title _____________________________ Reason for leaving _____________________________

Job Duties ____________________________________________________________________________

Dates of Employment from (Month/Year) __________________________________________________

Employer Name ____________________________________________
Address _____________________________City _________________State _______Zip Code _______
Job Title _____________________________ Reason for leaving _____________________________

Job Duties ____________________________________________________________________________

Dates of Employment from (Month/Year) __________________________________________________

Employer Name ____________________________________________
Address _____________________________City _________________State _______Zip Code _______
Job Title _____________________________ Reason for leaving _____________________________

Job Duties ____________________________________________________________________________

Dates of Employment from (Month/Year) __________________________________________________
6. Applicant Education and Training

High School Name and Address _________________________________________________________________

College or University Name and Address __________________________________________________________

___________________________________________________________________________________________

Did you receive your degree? YES □   NO □  If yes, what degree did you receive? _________________________

List all other training, graduate, and technical, vocational:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

List here all Awards, Honors, and Special Achievements: _____________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

List all Volunteer and Advocacy work: ____________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

7. References

List four (4) people who would be willing to provide a reference for you. Do not list any family members.

Name _______________________________________Address _______________________________________
City ________________________ State ___________________ Zip Code _______________________________
Relationship ________________________________________________________________________________

Name _______________________________________Address _______________________________________
City ________________________ State ___________________ Zip Code _______________________________
Relationship ________________________________________________________________________________

List four (4) people who would be willing to provide a reference for you. Do not list any family members.

Name _______________________________________Address _______________________________________
City ________________________ State ___________________ Zip Code _______________________________
Relationship __________________________________________________________

Name _______________________________________Address _______________________________________
City ________________________ State ___________________ Zip Code _______________________________
Relationship __________________________________________________________
Please provide any additional education & training information that you believe should be considered: 

_____________________________________________________________________________________________

8. CONFIDENTIAL

Have you ever been convicted of a felony, misdemeanor, or Motor Vehicle Offense? □ YES □ NO

Are there any civil or criminal charges against you pending in court? □ YES □ NO

If you answer yes to any of the above 2 question, please provide a detailed explanation about the nature of the Pending charges, date and sentence of conviction, or nature of pending offense?

NOTE: You do not have to disclose the existence of any arrest, criminal charges of conviction.

Are you a member of a federally recognized tribe? □ YES □ NO

Tribal Nation ________________________________________________________

Are you or a spouse a member of the Mashpee Wampanoag Tribe, if YES, list on the above line, the Tribal I.D.?

RELEASE ACKNOWLEDGEMENT

I understand that nothing contained here in the employment application, or in the granting of an interview, is intended to create an employment contract between the Mashpee Wampanoag Tribe and myself, for employment. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Mashpee Wampanoag Tribe.

If hired, I freely, and voluntarily agree to submit to a drug screening as part of my pre-employment application. I understand that either refusal to submit to screening or failure to qualify according to the minimum standards established by the tribe, for this screening may disqualify me from further consideration for employment.

Further, I understand that all Drug test results will be kept in confidence. Statements made by me in this application will be verified by the employer and I hereby give consent to the Employer the right to make a thorough investigation of my past employment, education, and for the Registry of Motor Vehicles. I release from all liability all persons, companies, corporations, supplying information pursuant to such investigation. I indemnify against all liability which might result from such investigation. I agree that any information obtained by the Employer will be held in confidence from all persons, including myself, except as required by law.

I HAVE CAREFULLY READ THE ABOVE RELEASE ACKNOWLEDGEMENT AND I UNDERSTAND AND AGREE TO THE TERMS.

_________________________________________________  _____________________________________
APPLICANT SIGNATURE  DATE