

“The Ute Mountain Ute Tribe asserts Tribal and Native American Preference in hiring.”

The procedure for filling advertised vacancies is as follows:

1. Applications are received by the Human Resources Office through the specified closing date of the vacancy. Applications for employment must be submitted to the Human Resources Office postmarked no later than the specified closing date and time.
2. Facsimile copies of an application must be received no later than that specified closing date and time. An original application must be submitted to the Human Resources Office within three business days after the closing date. Fax: 970-564-5528
3. You must submit a separate application for each position you are applying for.
4. If the position requires any special certifications, an educational degree or any other credential please attach a copy of your official transcripts those to your application
5. Selections for interviews will be based on minimum qualification stated in the vacancy announcement compared to the information provided on the official application form.
6. Interview dates and times are scheduled by the Human Resource office with the hiring Departments and Candidates.
7. Interviews for candidates selected will not be rescheduled unless it approved by the Hiring Director and Human Resources.
8. The Tribe does not provide travel expenses for interviews or relocation expenses if you are hired.
9. If you are hired, the tribe does not provide relocation expenses.
10. All interviewed applicants will receive a letter informing them whether or not they were hired.

If you have any questions, please feel free to contact the Human Resource Office at (970) 564-5421.

“The Ute Mountain Ute Tribe appreciates your interest in employment with the Tribal Government”. Thank you.

UTE MOUNTAIN UTE TRIBE APPLICATION FOR EMPLOYMENT



HUMAN RESOURCES DEPARTMENT

P.O. BOX 248

TOWAOC, CO 81334

PHONE: 970-564-5421 FAX: 970-564-5528

Carla.Cuthair@utemountain.org or ceyetoo@utemountain.org

Date _____

POSITION APPLYING FOR _____ DEPARTMENT _____

RATE OF PAY EXPECTED _____ DATE YOU CAN START _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____
Last First Middle

PHYSICAL ADDRESS _____
Street City State Zip

MAILING ADDRESS _____

PHONE NUMBER () _____ MESSAGE NUMBER () _____

IF NATIVE AMERICAN Yes ___ No __. What Tribe _____ TRIBAL ENROLLMENT NO. _____

ARE YOU 18 YEARS OR OLDER Yes ___ No __ E-MAIL ADDRESS _____

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE US? Yes ___ No __

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes ___ No __ Please specify _____

BY SIGNING THIS APPLICATION YOU ARE AUTHORIZING UMUT TO VERIFY YOUR DRIVING RECORD.

HAVE YOU EVER BEEN EMPLOYED BY UMUT, SUBSIDIARIES OR ENTERPRISES? Yes ___ No __

If Yes, When _____ Where _____

PLEASE CHECK THE BOX IF IMMEDIATE FAMILY OR SPOUSE ARE EMPLOYED BY THE FOLLOWING:

UMUT: FARM & RANCH: HOUSING: WCA: UMCASINO:

NAMES: _____

EDUCATION (Please Do Not Use "See Resume")

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	GRADUATED	CERTIFICATE/ DIPLOMA	MAJOR/DEGREE	GRADUATION YEAR
HIGH SCHOOL/ GED		Yes <input type="checkbox"/> No <input type="checkbox"/>			
TRADE/BUSINESS SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>			
COLLEGE		Yes <input type="checkbox"/> No <input type="checkbox"/>			

COMPLETE ALL INFORMATION; DO NOT USE "SEE RESUME"
ATTACH ADDITIONAL SHEET IF NEEDED.

EMPLOYMENT HISTORY: (Start With the Most Recent Job and Work Back)

ARE YOU EMPLOYED NOW: Yes ___ No ___

If Yes, May we contact your employer? Yes ___ No ___

JOB TITLE _____ Starting Salary _____ Ending Salary _____

EMPLOYER _____
Name Street City State Zip

HIRE DATE _____ SEPARATION DATE _____

Telephone Number _____ Number of employee's supervised _____

Supervisor's Name _____ Title _____

Describe Duties Performed _____

REASON FOR LEAVING _____



JOB TITLE _____ Starting Salary _____ Ending Salary _____

EMPLOYER _____
Name Street City State Zip

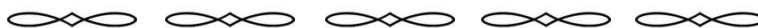
HIRE DATE _____ SEPARATION DATE _____

Telephone Number _____ Number of employee's supervised _____

Supervisor's Name _____ Title _____

Describe Duties Performed _____

REASON FOR LEAVING _____



JOB TITLE _____ Starting Salary _____ Ending Salary _____

EMPLOYER _____
Name Street City State Zip

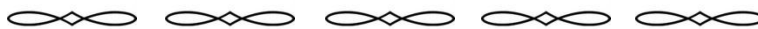
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Describe Duties Performed _____

REASON FOR LEAVING _____



JOB TITLE _____ Starting Salary _____ Ending Salary _____

EMPLOYER _____
Name Street City State Zip

HIRE DATE _____ SEPARATION DATE _____

Telephone Number _____ Number of employee's supervised _____

Supervisor's Name _____ Title _____

Describe Duties Performed _____

REASON FOR LEAVING _____

REFERENCES: List three persons not related to you, whom you have known at least three years

NAME	ADDRESS	PHONE NO.	OCCUPATION	YEARS KNOWN

HOW DID YOU HEAR ABOUT THE JOB VACANCY?

Newspaper Ad Tribal Employee Walk in Friend Channel 99 Other

ATTACHMENTS REQUIRED

DOCUMENTS TO BE ATTACHED. NOT ALL DOCUMENTS APPLY TO ALL POSITIONS. PLEASE NOTE THE NECESSARY DOCUMENTS LISTED IN THE POSITION ANNOUNCEMENT.

- 1. CERTIFICATIONS (Any education Degrees, Diplomas, Transcripts, Training Certificates, Etc.)**
- 2. MILITARY I.D. CARD (If applicable)**
- 3. COPY OF DRIVER'S LICENSE**
- 4. ANY OTHER DOCUMENTATION AS SPECIFICALLY REQUIRED BY JOB ANNOUNCEMENT (CERTIFICATION AND AGREEMENT)**

I UNDERSTAND AND AGREE THAT: (PLEASE READ CAREFULLY BEFORE SIGNING)

1. Any misrepresentation or omission of facts in my application or any attachments to my application will result in refusal of employment or if employed, termination from employment.
2. It is my understanding that the UMUT will make a thorough investigation of my work, educational and personal history and may verify all data given in my application, related paper or oral interviews. I authorize such investigation and the giving and receiving of any information requested by UMUT, and I release from liability any person giving or receiving any such information. I understand that falsification will result in refusal of employment or, if employed, termination from employment.
3. I understand and agree that should the position require I will submit to a pre-employment drug test at UMUT expense, and in addition to random or for cause testing during my employment to determine if I am alcohol or drug free for the job I am responsible to perform. Failure to submit to such testing will result in termination.
4. I authorize any physician should the position require, including my personal physician, to release any information to UMUT, which may be necessary to determine my ability to perform my assigned duties.
5. I agree to conform to all applicable rules, regulations, policies, and/or disciplinary procedures of UMUT an/or any department thereof. I understand that those rules, regulations, policies and /or disciplinary procedures are not intended by UMUC to create an obligation of continued employment.
6. I understand that this document is an application for employment and continued employment is not being offered. I hereby understand and agree that my employment, both during and after the orientation period, is for an indefinite period, and that nothing in this application or any other UMUT document shall be deemed to create any contract of continued employment between me and UMUT. I understand that my employment can be terminated at any time pursuant to the UMUT policies and procedures. I understand that employment beyond any orientation period or employment for a number of years shall not result in my heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me.

Applicant Signature

Date

UTE MOUNTAIN UTE TRIBE

P.O. Box 248 / TOWAOC, COLORADO 81334 / PHONE (970) 564 5421

Dear Applicant,

Thank you for applying for a position with the Ute Mountain Ute Tribe (UMUT). UMUT does an extensive background check on applicants who are offered certain positions with the Tribal Government.

There are no time limitations on backgrounds checks. Therefore, you are highly encouraged to fill out the application completely and truthfully. Failure to do so on your part will result in the offer of employment to be withdrawn.

If there is anything you do not understand or would like to ask questions, any member of the Human Resources Department is here to help you.

Position Title

Date

Applicants' Name (Please Print)

Applicant's Signature

PERMISSION FOR RELEASE OF RECORDS

These records will be used to determine eligibility for use of Tribal vehicles

I hereby authorize the release of all records pursuant to: The Driver's Privacy Protection Act (18 USC2721)

TRANSPORTATION DEPARTMENT USE ONLY

REQUESTOR: Ute Mountain Ute Tribe
Transportation Director
150 Mikewash Road
Towaoc, Co 81334
(970) 564-5668

APPROVED: yes___ no___ date _____
SAMBA Report _____
UMUT – CFR Court _____
SUIT - Tribal Court N/A

Faxed to HR: _____
Date

Entered into Collective Data: _____
Date

Filed: _____
Date

HUMAN RESOURCES USE ONLY

Sent to Transportation _____ Department _____ Hire Date: _____

APPLICANT INFORMATION

Date of Birth: _____ License Number: _____ State Issued: _____

Type of License: Reg. _____ CDL: _____ If CDL, list endorsements: _____

Printed Name _____ Signature _____

Date _____

COPY OF DRIVERS LICENSE

NEED COPY OF FRONT AND BACK OF CDL ENDORSEMENT INFORMATION