

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

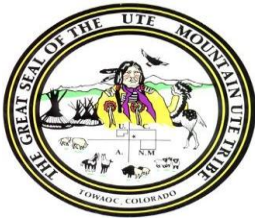
### **The procedure for filling advertised vacancies is as follows:**

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

UMT- \_\_\_\_\_  
 COVID-19 \_\_\_\_  
 DL Check \_\_\_\_

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

[GRLopez@utemountain.org](mailto:GRLopez@utemountain.org) or [ceyetoo@utemountain.org](mailto:ceyetoo@utemountain.org) or [TWare@utemountain.org](mailto:TWare@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"/>			

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

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SPECIAL TRAINING OR SKILLS (To include GED, civilian schools, military academies, etc. – complete with dates. Include typing speed, knowledge of computer and software, etc. – please list.)

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WHAT LANGUAGE OTHER THAN ENGLISH ARE YOU FLUENT IN \_\_\_\_\_  
\_\_\_\_\_ Speaking \_\_\_\_\_ Reading \_\_\_\_\_ Writing

**OTHER**

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_ NO \_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY TYPE OF THEFT OR FRAUD? YES \_\_\_ NO \_\_\_

If yes, identify the crime for which you were convicted, the dates of the conviction and the location of the court in which you were convicted. Please provide any details you feel are relevant. Conviction of a crime will not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of your qualifications. However, failure to list any convictions may be considered as falsifying your application.

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**MILITARY SERVICE RECORD**

**HAVE YOU EVER SERVED IN THE US ARMED FORCES?** Yes \_\_\_ No \_\_\_

Date Entered \_\_\_\_\_ Date Separated \_\_\_\_\_

Branch of Service \_\_\_\_\_ Serial Number \_\_\_\_\_

Selective Service Number \_\_\_\_\_ Selective Service Class \_\_\_\_\_

**DID YOU RECEIVE AN HONORABLE DISCHARGE?** Yes \_\_\_ No \_\_\_

If No, please explain the circumstances \_\_\_\_\_

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**ARE YOU A MEMBER OF A US RESERVE OR NATIONAL GUARD?** Yes \_\_\_ No \_\_\_

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

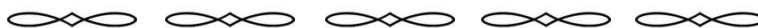
HIRE DATE \_\_\_\_\_ SEPARATION DATE \_\_\_\_\_

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

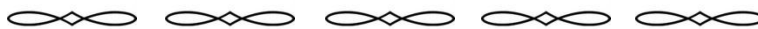
HIRE DATE \_\_\_\_\_ SEPARATION DATE \_\_\_\_\_

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 \_\_\_\_\_

**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.

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**Applicant Signature**

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**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 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.

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**Position Title**

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**Date**

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**Applicants' Name (Please Print)**

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**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