



Native American Contractors Association

APPLICATION FOR EMPLOYMENT

Submit completed application to:

Native American Contractors Association

1514 P Street NW, Suite 2 | Washington, DC 20005

Phone: (202) 278-2676 | Fax: (202) 278-2699 | www.nativecontractors.org

Descriptions of open positions and other information is available online.

General Information

Last Name	First Name	Middle Initial	Date of application
Mailing address			Day phone
City	State	Zip code	Evening phone
Email address		Social Security Number	
Other names which you have worked under			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, do you have the legal right to live and work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Visa Type:	Number:	Expiration Date:	

Position Information

Position applying for	Years of experience in this type of work
Minimum acceptable salary \$ _____ per	Date available to start work
Are you applying for <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No

Professional References

Name	Occupation	Years Known	Day time phone
1			
2			
3			

Reference checks may include verifying employment with your current employer unless you indicate otherwise: No, do not contact my current employer (*name*) _____
Reason:



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Education & Training

Name of School, College, University, or Trade/Technical School	City/ State	Circle last year completed	Degree/Subject Credit Hours
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
		1 2 3 4	
Describe any other job-related skills, special qualifications or professional training required for the position.			
Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, words per minute:		10-Key by Touch? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, keys per minute:	
List computer applications you have worked with and your skill level with each (use additional sheet if necessary).			

License/Certification/Registration

Type of License(s)	State	Registration No.	Expiration Date	Any Restrictions?
Drivers License (if applicable)				
<i>for positions in which driving may be part of your job, you will need to provide proof of automobile insurance, copy of your drivers license and a current driving record.</i>				

Employment

Have you ever been fired, discharged or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain from what organization and reason.		
Have you ever been employed by NACA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, in what position?	When?	Reason for leaving



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Employment History

Begin with your current job and list the past ten years. This section must be completed. Do no list "see resume". If additional space is needed for previous employers, attach additional sheet.

1. Most Recent or Current Employers Name			Telephone
Address			Supervisors Name
City	State	Zip Code	Last Job Title
Employed (<i>month & year</i>) From: To:		Rate of pay Starting: Ending:	
Reason for leaving:			
2. Employers Name			Telephone
Address			Supervisors Name
City	State	Zip Code	Last Job Title
Employed (<i>month & year</i>) From: To:		Rate of pay Starting: Ending:	
Reason for leaving:			
3. Employers Name			Telephone
Address			Supervisors Name
City	State	Zip Code	Last Job Title
Employed (<i>month & year</i>) From: To:		Rate of pay Starting: Ending:	
Reason for leaving:			
4. Employers Name			Telephone
Address			Supervisors Name
City	State	Zip Code	Last Job Title
Employed (<i>month & year</i>) From: To:		Rate of pay Starting: Ending:	
Reason for leaving:			



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Acknowledgement

The information that I have provided in this application is true and accurate to the best of my knowledge and subject to validation by NACA. I understand and agree that any misrepresentation, false statement or omission of a fact in my application may be justification for not being hired or, if hired, may subject me to discipline, up to and including termination of employment; and that the information in this application may be released in an authorized legal investigation. For the purpose of the certification, a photocopy of my original signature shall have the same force and effect as my original signature.

I understand and agree that if NACA hires me, I will be employed by NACA, and will not be an employee of any client of NACA. I agree and accept and comply with the rules and working conditions established by NACA.

I understand and agree that if NACA hires me, my employment relationship with NACA is at will. This means that NACA has the right to end my employment with NACA at any time, for any reasons with or without notice or cause. I understand and agree NACA cannot and does not guarantee its employees that any assignment or employment will last for any fixed duration.

I understand that an offer of employment and my continued employment with NACA are contingent upon satisfactory proof of my identity and verification of eligibility for employment in the United States. I further understand that my employment is contingent upon successful completion of the employment process which may include, but is not limited to, a reference check, drug screen, and a criminal background check.

I consent and authorize NACA to request any information concerning my previous employment, educational history, character, and background information. I hereby release all parties and persons connected with any request for information from all claims, liabilities, and damages for whatever reason arising out of furnishing such information.

I understand that nothing contained in this employment application or in the granting of an interview is intending to create an employment contract between me and NACA for either employment or for the providing of any benefits.

I understand that if hired, assignment and work schedule are subject to change in order to meet company needs. Such changes are at the discretion of NACA management.

If employed by NACA, I will comply with all rules, regulations and policies set forth by NACA's policy statements.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature of Applicant

Date

Printed Name