

Shivwits Convenience Store Application

All individuals interested in working at the Shivwits Convenience Store are invited to fill out this application and drop off the completed application at the Store.

Factors considered during the hiring process include but are not limited to the following:

- 1. Excellent customer service
- 2. Dependability
- 3. Excellent communication skills
- 4. Accountability
- 5. Effective team player
- 6. Ability to pass a background check



SHIVWITS CONVENIENCE STORE & SMOKE SHOP

5861 WEST OLD HWY 91 IVINS, UTAH 84738 (435) 619-6886

	PERSONAL	INFORMATION		
NAME:				
LAST	FI	RST	MI	
ADDRESS:				
STREET/B	OX NO	CITY	STATE	ZIP
HOME PHONE:	CELL:		EMAIL:	
REFERRED BY:	SOC	CIAL SECURITY N	NO:	
ARE YOU A CITIZEN OF TH	E UNITED STATES? 🔲	yes 🗖 No		
IF NO, ARE YOU AUTHORI			NO	
HAVE YOU EVER BEEN C	ONVICTED OF A FEL	ONY? 🗖 YES 🖡		
IF YES, EXPLAIN:				
	EMPLOYM	ENT DESIRED		
POSITION:	DESIRED SALARY:	\$1	DATE AVAILABLE:	
CURRENTLY EMPLOYED?	YES NO IF Y	ES, MAY WE CONTA	ACT YOUR EMPLOY	ER?
HAVE YOU EVER APPLIED FO		E INDIAN TRIBE OF	UTAH BEFORE?	YES 🔲 NO
DO YOU QUALIFY FOR IND		YES 🔲 NO		
IF YES, A CERTIFICATE OF INDIAN BLOOD QUANTUM <u>MUST</u> BE SUBMITTED WITH YOUR APPLICATION.				
EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL/ G.E.D.				
COLLEGE/ UNIVERSITY				
TRADE, BUSINESS, GRADUATE SCHOOL OR OTHER				

OTHER QUALIFICATIONS

PLEASE LIST YOUR AREAS OF HIGHEST PROFICIENCY, SPECIAL SKILLS, MILITARY SERVICE,
HOBBIES OR OTER ITEMS THAT MAY CONTRIBUTE TO YOUR QUALIFICATIONS FOR
EMPLOYMENT:

	TWO REFERENCES		
NAME	ADDRESS & PHONE	RELATIONSHIP (NON-RELATIVE)	YEARS KNOWN (1+ YEARS)
EMERGENCY CONTACT	NAME: RELATIONSHIP:	PHONE:	

A RESUME MUST BE SUBMITTED WITH YOUR APPLICATION

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION. MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION, AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

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.

UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

SIGNATURE:	

_____ DATE: _____

STOP- FOR OFFICE USE ONLY

HIRE DATE: _____ POSITION: _____

SALARY: _____ REMARKS: _____



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AUTHORIZATION FOR BACKGROUND CHECK(S) AND RELEASE OF INFORMATION

I **understand** that a background check is a condition of employment, volunteer work or other service to the Shivwits Convenience Store and Smoke Shop, and that I may be subject to recurring background checks in accordance with tribal and/or federal law. By signing below, I consent and authorize Shivwits Band to conduct any necessary background check(s) for the purpose of evaluating my qualifications for employment or to serve the Tribe in another capacity.

I **agree** that the background check(s) may include an inquiry into my records, including but not limited to my educational background, license(s)/certification(s), prior place(s) of employment, job performance, social security, criminal, civil, credit, and Department of Motor Vehicle records.

I **acknowledge** that the background check(s) may be based on a fingerprint check obtained by a law enforcement officer and on other identifying information I have provided, and will be conducted through the Federal Bureau of Investigation or the state criminal history repository of each state that I lived, and will also include a check of county, tribal, and local records.

I **consent** to the release of information to authorized representatives of Shivwits Band by former or current employers, schools, law enforcement agencies, and other individuals and organizations.

I **acknowledge** that I am providing this information under penalty of perjury. I **understand** that if I provide false information to the Shivwits Band, I am subject to discipline, including termination of employment or my relationship with the Shivwits Band, and may be subject to criminal prosecution.

I **acknowledge** that the results of the background check(s) shall become part of my personnel or other file, and that all information shall be confidential and maintained in accordance with the rules and regulations of the federal Privacy Act, 5 U.S.C.§ 552a.

First, Middle Initial, L	ast Name (Please Print)	Signature	////////	/
Current Address		City	State	Zip Code
()	//	//		
Phone Number	Social Security #	Date of Birth	Driver License #.	State
Other Names Used (in	cluding Maiden)			
Previous Cities/States	ofResidence			

For compliance with the Indian Child Protection and Family Violence Prevention Act of 1990:

Have you ever been arrested f	or or charged with a crim	e involving a child?	Yes	No
	2	0		

If "YES," provide the date, explanation of the violation, outcome of the arrest or charge, and place of occurrence. If multiple arrests or charges, please provide responses regarding each charge separately. (Attach separate sheets if necessary.)

Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felony or misdemeanor offense under federal, state or tribal law involving: a crime of violence; a sexual offense, including assault, molestation, exploitation, sexual contact or prostitution; or a crime against a person? This includes, but is not limited to, assault, and domestic violence offenses. If you are not sure whether an offense qualifies, please mark "YES" and provide and explanation. Yes ______ No _____

If "YES," provide the date the offense occurred, the date of the disposition, an explanation of the violation, and place of occurrence. If multiple offenses, please provide responses regarding each offense separately. (Attach separate sheets if necessary.)

Previous employment information and other charges/convictions:

During the last ten (10) years, were you fired from any job, did you quit after being told you would be fired, and/or did you leave by mutual agreement? If so, please provide details and specify the employer. (Attach separate sheets if necessary.)

Have you ever been charged with, and/or convicted of any felony violation under federal, state or tribal law? (Attach separate sheets if necessary.)

Are there any charges for	or any violation	of federal, state	, or tribal law	currently pending	g against you?	(Attach
separate sheets if necess	sary.)					

Print Name

/____

Date

FOR LICENSED POSITIONS ONLY:

Please provide all applicable	information.		
Print Name			
Individual Taxpayer Identifica	tion Numbers (ITIN)	National Provider Ide	ntifiers (NPI)
Drug Enforcement Administra	tion (DEA) Numbers	Unique Physician Iden	tification Numbers (UPIN)
Professional Schools Attende	d		
School Name			Year of Graduation
School Name			Year of Graduation
School Name			Year of Graduation
Occupational and State Licer	nsure Information		
License Number	State	Occupation/Field of Licensure	Specialty
License Number	State	Occupation/Field of Licensure	Specialty
License Number	State	Occupation/Field of Licensure	Specialty