



## **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

FIRST

MI

ADDRESS:

STREET/BOX NO

CITY

STATE

ZIP

HOME PHONE:

CELL:

EMAIL:

REFERRED BY:

SOCIAL SECURITY NO:

ARE YOU A CITIZEN OF THE UNITED STATES?  YES  NO

IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.?  YES  NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO

IF YES, EXPLAIN:

## EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_ DESIRED SALARY: \$ \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

CURRENTLY EMPLOYED?  YES  NO IF YES, MAY WE CONTACT YOUR EMPLOYER?

HAVE YOU EVER APPLIED FOR A JOB WITH THE PAIUTE INDIAN TRIBE OF UTAH BEFORE?  YES  NO

IF YES, WHEN? \_\_\_\_\_

DO YOU QUALIFY FOR INDIAN PREFERENCE?  YES  NO

IF YES, A CERTIFICATE OF INDIAN BLOOD QUANTUM MUST 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)
<b>EMERGENCY CONTACT</b>	<b>NAME:</b> _____ <b>RELATIONSHIP:</b> _____		<b>PHONE:</b> _____

**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:** \_\_\_\_\_



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

Have you ever been arrested for or charged with a crime involving a child?    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

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.)

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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.)

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**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.)

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

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

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**FOR LICENSED POSITIONS ONLY:**

**Please provide all applicable information.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Individual Taxpayer Identification Numbers (ITIN)

\_\_\_\_\_  
National Provider Identifiers (NPI)

\_\_\_\_\_  
Drug Enforcement Administration (DEA) Numbers

\_\_\_\_\_  
Unique Physician Identification Numbers (UPIN)

**Professional Schools Attended**

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Year of Graduation

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Year of Graduation

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Year of Graduation

**Occupational and State Licensure 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