



**California Indian Manpower Consortium, Inc.**  
 738 North Market Boulevard  
 Sacramento, CA 95834  
 (916) 920-0285  
 (800) 748-5259 - TTY

Received By CIMC
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**APPLICATION**

All Questions Must Be Answered, Print Clearly In Ink or Type

<b>APPLICANT</b> Name _____ Address _____ Telephone No. _____ Home _____ _____ Work _____ _____ Mobile _____	<b>POSITION</b> Position Title _____ Worksite Location _____ Date You Can Start _____ Salary Desired _____ Available:                      Regular                      Temporary Full-Time                      Part-Time
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**NOTE: Individuals who are currently a Signatory, Delegate or Alternate Delegate to CIMC cannot be employed by CIMC, Inc.** Answer the following by placing a "✓" in the appropriate box. Explain or provide information on any "yes" answers to questions 2 through 4 in the space provided below.

	<b>Yes</b>	<b>No</b>
1. Are you claiming Veterans Preference? Copy of DD214 must be attached to application or submitted prior to the final filing date.		
2. Are you a member of a U.S. federally recognized tribe? If yes, state name of tribe below. Documentation from your tribe verifying your membership must be attached to your application or submitted prior to the final filing date.		
3. Are you related to anyone working for CIMC? If yes, state name and relationship below.		
4. Are you related to anyone who currently serves on the CIMC Board of Directors or is a Signatory, Delegate or Alternate Delegate to CIMC? If yes, state person(s) name and relationship below.		

Provide details for "yes" answers to questions 2 through 4 above.

**DRIVER LICENSE:** Some positions require possession of a valid driver license.

License No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

EDUCATION	NAME AND LOCATION	YEARS ATTENDED	UNITS COMPLETED	DIPLOMA OR DEGREE	SUBJECT(S) STUDIED
High School					
College or University					
Vocational or Trade School					

**SPECIAL SKILLS:** List skills with office machines, computers, software applications, memberships, special licenses or certificates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate number of words per minute in: \_\_\_\_\_ Typing \_\_\_\_\_ Data Entry \_\_\_\_\_

**SPECIAL TRAINING:** List any special training, date completed and training agency. Training may be apprenticeship, academic courses, seminars or other types of training related to the job requirements.

Date Attended	Title and Description of Course	Name of Training Agency

**EXPERIENCE:** Beginning with your present or most recent position list all jobs held for the past ten (10) years. List all job titles separately. Use additional sheets if more space is necessary and attach. ***Employment History must be filled out.***

DATE	EMPLOYER'S NAME ADDRESS AND PHONE	JOB TITLE, DESCRIPTION OF DUTIES, HOURS WORKED AND REASON FOR LEAVING
Starting Date	_____ _____ _____	Job Title _____ Hours Worked _____ Duties _____ _____ _____
Ending Date		_____ _____ _____
Supervisor: Phone No.:		_____ _____ Reason for Leaving: _____

DATE	EMPLOYER'S NAME ADDRESS AND PHONE	JOB TITLE, DESCRIPTION OF DUTIES, HOURS WORKED AND REASON FOR LEAVING
Starting Date	_____ _____ _____	Job Title _____ Hours Worked _____ Duties _____ _____ _____
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Supervisor: Phone No.:		_____ _____ Reason for Leaving: _____

I hereby certify that all statements made in this application are true, complete and correct to the best of my knowledge. I agree and understand that omission or misrepresentation of facts called for may result in disqualification for or dismissal from employment. I further understand and agree that this application is not a contract and cannot create in the future a contract of employment and such employment is at will and may be terminated by either party at any time. I hereby authorize CIMC, Inc. to thoroughly investigate my work record, education, references and other matters related to my suitability for employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Equal Employment Opportunity

All applicants are asked to voluntarily complete the following information. This form will be separate from your application and maintained in a separate confidential file. The information requested will not be used in any way during the hiring process or to make any employment decision. The information requested will be used to evaluate CIMC's commitment to equal employment opportunity and to comply with equal employment opportunity statistical reporting requirements.

DATE: \_\_\_\_\_ POSITION APPLYING FOR \_\_\_\_\_

MALE FEMALE YEAR OF BIRTH: \_\_\_\_\_

ETHNICITY: **HISPANIC OR LATINO** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**NOT HISPANIC OR LATINO**

PLEASE CHECK THE ONE BOX WHICH BEST DESCRIBES YOUR RACE:

**AMERICAN INDIAN or ALASKAN NATIVE** – A person having origins in any of the original people of North and South America, including Central America, and who maintains tribal affiliation or community attachment.

**ASIAN** - A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**BLACK** or African American – A person having origins in any of the Black racial groups of Africa.

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** – A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

**WHITE** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**TWO OR MORE RACES** – All persons who identify with more than one of the above five races.

INDIVIDUAL WITH A DISABILITY:

YES

NO

THANK YOU FOR YOUR COOPERATION