“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
PHONE: 970-564-5421  FAX: 970-564-5528
Carla.Cuthair@utemountain.org or ceyetoo@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:  

EDUCATION (Please Do Not Use “See Resume”)

<table>
<thead>
<tr>
<th>SCHOOL LEVEL</th>
<th>NAME &amp; LOCATION OF SCHOOL</th>
<th>GRADUATED</th>
<th>CERTIFICATE/ DIPLOMA</th>
<th>MAJOR/DEGREE</th>
<th>GRADUATION YEAR</th>
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<tbody>
<tr>
<td>HIGH SCHOOL/ GED</td>
<td>Yes □ No □</td>
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<tr>
<td>TRADE/BUSINESS SCHOOL</td>
<td>Yes □ No □</td>
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<tr>
<td>COLLEGE</td>
<td>Yes □ No □</td>
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</table>
GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

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.)
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

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.
_________________________________________________________________________________________________

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 _________________________________________________________
_________________________________________________________________________________________

ARE YOU A MEMBER OF A US RESERVE OR NATIONAL GUARD? Yes ___ No___
## 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__

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>Starting Salary</th>
<th>Ending Salary</th>
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</thead>
<tbody>
<tr>
<td><strong>EMPLOYER</strong></td>
<td>Name</td>
<td>Street</td>
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<tr>
<td>JOB TITLE</td>
<td>Starting Salary</td>
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<td>Name</td>
<td>Street</td>
</tr>
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</table>

**REASON FOR LEAVING**

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________
REFERENCES: List three persons not related to you, whom you have known at least three years

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE NO.</th>
<th>OCCUPATION</th>
<th>YEARS KNOWN</th>
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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.

_____________________________________________________   ______________________ ______________
Applicant Signature                      Date
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.

____________________________________                               ________________________
Position Title                               Date

____________________________________________                                       _______________________________
Applicants’ Name (Please Print)                                                                                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: _______________ Entered into Collective Data: _______________ Filed: _______________
Date Date 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