



# INSTITUTE OF AMERICAN INDIAN ARTS

## EMPLOYMENT APPLICATION

83 Avan Nu Po, Santa Fe, NM 87508 Tel: 505.424.2320 Fax: 505.424.0505  
humanresources@iaia.edu

*The Institute does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, handicap, or age. Within the limits imposed by federal law in accordance with Section 1509 (B) (1) Higher Education Amendments of 1986, the President of the Institute shall, to the maximum extent practicable, give preference in hiring to Native Americans.*

### POSITION APPLYING FOR:

### 1. PERSONAL DATA:

Name \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

SS# \_\_\_\_\_

Former name used in employment: \_\_\_\_\_

Present Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Street)  
\_\_\_\_\_ Additional Phone \_\_\_\_\_  
(City, State, Zip)

Date available for employment: \_\_\_\_\_ Minimum salary required \$ \_\_\_\_\_

Type of position desired:  Full-Time  Part-Time  Either

If you are under 18 years of age, can you furnish a work permit?  Yes  No

Have you been previously employed with IAIA?  Yes  No

Do you have any relatives currently employed with the Institute?  Yes  No

If yes, name of relative: \_\_\_\_\_ and relationship to you \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No Dates & Describe \_\_\_\_\_

**2. EDUCATION: List each school attended**

SCHOOL (Include City and State)	YEARS COMPLETED	DIPLOMA/DEGREE	COURSE OF STUDY
High School			
Additional Schooling:			

**3. SPECIAL SKILLS: Check all skills that apply.**

Word/Word Perfect     
  Excel     
  MS Office     
  Power Point     
  Internet

Others \_\_\_\_\_

Training, skills, licenses and certificates

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. EMPLOYMENT HISTORY: Beginning with your present or last employer.**

(a) **EMPLOYER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Rate: Start \_\_\_\_\_ Final \_\_\_\_\_

Supervisor \_\_\_\_\_ Business Phone \_\_\_\_\_

Reason for leaving or wanting to leave

\_\_\_\_\_

\_\_\_\_\_

Job Title and Responsibilities

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Rate: Start \_\_\_\_\_ Final \_\_\_\_\_

Supervisor \_\_\_\_\_ Business Phone \_\_\_\_\_

Reason for leaving or wanting to leave \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title and Responsibilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Pay Rate: Start \_\_\_\_\_ Final \_\_\_\_\_

Supervisor \_\_\_\_\_ Business Phone \_\_\_\_\_

Reason for leaving or wanting to leave \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job Title and Responsibilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. REFERENCES:**

**NAME**

**OCCUPATION**

**PHONE**

a.

b.

c.

**6. DISABILITY:**

*The Institute makes reasonable accommodations to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee as required by Federal law. Please indicate if you would need any such accommodations to perform this job.*

**7. ADDITIONAL INFORMATION:**

*Please give any additional information which may more fully describe your interest and qualifications. This space may also be used to continue answers to items on the preceding pages. Use additional sheets if necessary.*

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**8. REFERENCE CHECKS**

*IAIA has my permission to check all references except \_\_\_\_\_*

*Applicant \_\_\_\_\_*

*Date \_\_\_\_\_*

**9. CONFIDENTIALITY OF INFORMATION:**

*The college will endeavor to keep the information confidential to the extent permitted by law.*

**10. APPLICANT'S CERTIFICATION:**

*I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false or omission in this application may be sufficient cause for rejection of the application or dismissal after employment.*

*I authorize my previous employers, schools, and any other party to release any information to this Institute for the purpose of verifying information I have provided in this application. In the event of my employment with this Institute, I will comply with all applicable rules, regulations, and policies of this Institute.*

*In order to comply with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment and I can do so.*

*Signature \_\_\_\_\_*

*Date \_\_\_\_\_*

*Additional Comments:*

***Please return application to: IAIA, Human Resources, 83 Avan Nu Po, Santa Fe, NM 87508***

To be Separated from Application and Forwarded to Human Resources

## AFFIRMATIVE ACTION VOLUNTARY INFORMATION SURVEY

*This information will not affect your employment or be available to or be used in departmental selection process. It will be used by Human Resources to compile statistics and will be kept confidential.*

Today's Date: \_\_\_\_\_

Birth Date \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

### Ethnic Origin:

- American Indian /Alaskan Native
- Asian / Vietnamese
- African American
- Caucasian
- Hispanic / Latino / Mexican

### Sex:

- Male
- Female

### Disability:

- Yes
- No

### 30 % Handicapped Veteran:

- Yes
- No

### Vietnam Veteran:

- Yes
- No

### Referral Source:

- Walk-in
- Employee
- Relative
- Tribes
- School
- Government Employment Agency
- Private Employment Agency
- Advertisement – Source \_\_\_\_\_
- Other \_\_\_\_\_

**WE APPRECIATE YOUR COOPERATION**

08/01