



INSTITUTE OF AMERICAN INDIAN ARTS

EMPLOYMENT APPLICATION

83 Avan Nu Po, Santa Fe, NM 87508 Tel: 505.424.2329 Fax: 505.424.0505
humanresources@iaia.edu

The Institute does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, disability, 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)

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

Per IAIA policy employees must 18 years of age or older. IAIA may hire IAIA students who are younger than 18 years of age through its Work Study program.

Have you been previously employed with IAIA? Yes No

Can you provide the documents to establish your identification and eligibility to work indefinitely in the USA? 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: _____

2. EDUCATION: List each school attended

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

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.

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 (IRCA) of 1986, I understand that I will be required to provide approved documentation that verifies my identification and eligibility to work indefinitely 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 (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- African American or Black (Not Hispanic or Latino)
- White (Not Hispanic or Latino)
- Hispanic / Latino
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Two or More Races (No Hispanic or Latino)

Gender:

- 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