



**Council of Three Rivers American Indian Center**  
**Singing Winds Administration - 120 Charles Street, Pittsburgh, PA 15238**  
**Phone: 412.782.4457 \* Fax: 412.767.4808**

**Employment Application**

Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodations to the application and/or interview process should notify the Human Resource Department. Equal Opportunity Employer.

Please print NAME: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_

Are you legally eligible for employment in this country? YES \_\_\_\_\_ NO \_\_\_\_\_ Date available \_\_\_\_\_

Employment Desired: Full Time \_\_\_\_\_ Part time \_\_\_\_\_ Temporary \_\_\_\_\_

Driver's license number if driving is an essential job function: \_\_\_\_\_

Have you ever been convicted of a crime: YES \_\_\_\_\_ NO \_\_\_\_\_

Conviction will *NOT* necessarily be a bar to employment. Each instance and explanation is considered in relation to the position for which you are applying.

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Skills and Qualifications**

Summarize any training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position which you are applying for:

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**Educational Background**

**High School:** ----- Years Completed: -----

Address: ----- Graduate: YES \_\_\_\_ NO \_\_\_\_

**College:** ----- Years Completed: -----

Address: ----- Graduate: YES \_\_\_\_ NO \_\_\_\_

Major: -----

**Other:** ----- Years Completed: -----

Address: ----- Graduate: YES \_\_\_\_ NO \_\_\_\_

Major: -----

**References**

NAME	Telephone/Email	Years known

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for COTRAIC to hire me. If I am hired, I understand that either COTRAIC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of COTRAIC has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to COTRAIC true and complete information on this application. No requested information has been concealed. I authorize COTRAIC to contact references, employers, educational institutions provided for employment reference checks and I release the Employer from any liability. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Signature of applicant: ----- Date: -----