

Date Received:

Name:

Position Applied for:  
S O SP N



# APPLICATION FOR EMPLOYMENT

## Squaxin Island Tribe

10 SE Squaxin Lane

Shelton, Washington 98584

Telephone (360) 426-9781

**Please attach cover letter & resume.**

(Please print or type clearly)

|  |       |        |            |     |  |
|--|-------|--------|------------|-----|--|
| Name _____   |       |        | Date _____ |     |  |
| Last   | First | Middle |            |     |  |
| Mailing Address _____  |       |        | City _____ |     |  |
| Street or P.O. Box   |       |        | State      | ZIP |  |
| Best way to contact me – please circle and provide info: email me: _____ |       |        |            |     |  |
| Call me: cellphone _____; Home phone _____                               |       |        |            |     |  |

Are you legally eligible for employment in the USA?  No  Yes  
(If yes, verification will be required)

Position Applied For: \_\_\_\_\_

Have you ever been employed by the Squaxin Tribe before?  No  Yes  
(If yes, give titles and dates.)

Title: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
mo./yr. mo./yr.

Title: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
mo./yr. mo./yr.

If yes, have you ever been terminated for cause?  No  Yes Year: \_\_\_\_\_

Do you have a valid driver's license in this state?  No  Yes

Drivers License # \_\_\_\_\_

If you're under 18 years of age, can you provide required proof of eligibility to work?  No  Yes

Are you working now?  No  Yes

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying?  No  Yes

List any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying. (Do not list any information the Federal and/or State law precludes Obtaining in the pre-employment stage.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you pled guilty or been convicted of a felony?  No  Yes

(Please note that a "Yes" answer will not bar you from consideration for employment.)

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

## RECORD OF EDUCATION

| Name and address of School |  | Course of Study | Check last year Completed |   |   |   | Did you Graduate? | List Diploma or Degree |
|----------------------------|--|-----------------|---------------------------|---|---|---|-------------------|------------------------|
| High School                |  |                 | 1                         | 2 | 3 | 4 |                   |                        |
| College                    |  |                 | 1                         | 2 | 3 | 4 |                   |                        |
| Other (Specify)            |  |                 | 1                         | 2 | 3 | 4 |                   |                        |

Describe any specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_

Describe any honors you have received: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application, and/or attach related documents on your resume. \_\_\_\_\_

## EMPLOYMENT HISTORY

(begin with your most recent employer)

**1. Name of Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **Date Started:** \_\_\_\_\_ **Starting Salary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_ **Date Ended:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

**2. Name of Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_ **Date Started:** \_\_\_\_\_ **Starting Salary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_ **Date Ended:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_

**Job Duties:** \_\_\_\_\_

## EMPLOYMENT CONTINUED...

3. Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Date Started: \_\_\_\_\_ Starting Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL REFERENCES

(Not Former Employers or Relatives)

| Name & Occupation | Mailing Address | Phone # |
|-------------------|-----------------|---------|
|                   |                 |         |
|                   |                 |         |
|                   |                 |         |

In the event of an emergency, notify: 1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

## INDIAN PREFERENCE POLICY

In accordance with 42 USC sec. 2000e2(i) whenever reasonable the Squaxin Tribe will hire in the following order of priority:

1. Squaxin Tribal members,
2. Other Indians enrolled in **federally recognized** tribe, and
3. Non-Indian applicants.

**If you wish to claim Indian Preference, check one:**

I am an Enrolled Squaxin tribal Member. My Roll Number is \_\_\_\_\_

I am Enrolled with \_\_\_\_\_ Tribe,

MY ENROLLMENT NUMBER in this Tribe is # \_\_\_\_\_

**YOU MUST SIGN THIS APPLICATION**  
**READ CAREFULLY BEFORE YOU SIGN.**

I hereby give my permission to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release the Squaxin Tribe, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demand or liabilities arising out of or in any way related to such investigation or disclosure.

I certify that to the best of my knowledge, all of my statements are true, correct, complete, and made in good faith. I understand that any false statement on this application or any attachments may result in my not being hired, or in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I consent to the release of information concerning my personal history that I have listed on this application. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I release any person, firm, or institution from all liability for any damage for issuing such information

Signature of Applicant \_\_\_\_\_

We are an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

**THE FOLLOWING IS FOR PERSONNEL USE ONLY**

1. Position Applied For Is Open:  Yes  No
2. Applicant Qualify for Indian preference? Tribe \_\_\_\_\_ Enrollment Number \_\_\_\_\_
3. Federally recognized tribe? \_\_\_\_\_ **Verified by** \_\_\_\_\_
4. **Applicant Eligible For Hire In This Position:**  Yes  No
5. If No, Letter Of Explanation Sent: \_\_\_\_\_  
(Date)
6. Interview set for: \_\_\_\_\_ at \_\_\_\_\_ called to schedule
7. Interview Board: \_\_\_\_\_
8. Reference Checks Sent:  Yes  No
  - a) Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_
  - b) Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_
  - c) Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_

Interview score: \_\_\_\_\_

# Voluntary Affirmative Action Information

(Completion of the information below is voluntary)

Squaxin Island Tribe is committed to an affirmative action program. Please be advised that this survey is not part of your official application for employment. It is confidential information and will not be used in the hiring process.

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Please check all that apply:

- Male
- Female
- Older Worker (40+)
- Disability - Please describe: \_\_\_\_\_
- Disabled Veteran (30%+)
- Native American/Alaska Native - Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_
- Asian/Pacific Island
- Caucasian
- African American
- Hispanic