

# THE SUQUAMISH TRIBE

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, sexual preference, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT ALL RESPONSES

---

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

---

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

---

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

*CHANGE OF ADDRESS - applicants are responsible for promptly notifying the Department Director of any change of address and/or phone number.*

Contact person to be notified in case of emergency. Please give name, address, phone number, and relationship.

- 
- If you are under 18 years of age, can you provide Required proof of your eligibility to work? \_\_ N/A \_\_ Yes \_\_ No
  
  - Have you ever filed an application with us before? \_\_ Yes \_\_ No  
If yes, give date(s) \_\_\_\_\_
  
  - Have you ever been employed with us before? \_\_ Yes \_\_ No  
If yes, give date(s) \_\_\_\_\_
  
  - Are you currently employed? \_\_ Yes \_\_ No  
If yes, may be contact your employer? \_\_ Yes \_\_ No
  
  - On what date would you be available for work? \_\_\_\_\_
  
  - Are you available to work \_\_ full time \_\_ part time \_\_ temporary

List names and relationships of any relatives now working for us:

---

Public law 99-603 requires all employers to verify and document the citizenship or employment authorization of all new employees. If hired you will be required to provide proof of U.S. citizenship, employment authorization, or permanent resident status and proof of identity. Typically this is a Social Security card and Drivers License.

**WE ARE AN EQUAL OPPORTUNITY/INDIAN PREFERENCE EMPLOYER**

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin. Add extra paper if so needed.

|                           |                                                        |  |                                 |
|---------------------------|--------------------------------------------------------|--|---------------------------------|
| <b>Employer</b>           | <b>Dates Employed</b><br>To                      From  |  | <b>Job Title/Work Performed</b> |
| <b>Address</b>            |                                                        |  |                                 |
| <b>Phone Number</b>       | <b>Hourly Rate</b><br>Start                      Final |  |                                 |
| <b>Supervisor</b>         |                                                        |  |                                 |
| <b>Reason for Leaving</b> |                                                        |  |                                 |

|                           |                                                        |  |                                 |
|---------------------------|--------------------------------------------------------|--|---------------------------------|
| <b>Employer</b>           | <b>Dates Employed</b><br>To                      From  |  | <b>Job Title/Work Performed</b> |
| <b>Address</b>            |                                                        |  |                                 |
| <b>Phone Number</b>       | <b>Hourly Rate</b><br>Start                      Final |  |                                 |
| <b>Supervisor</b>         |                                                        |  |                                 |
| <b>Reason for Leaving</b> |                                                        |  |                                 |

|                           |                                                        |  |                                 |
|---------------------------|--------------------------------------------------------|--|---------------------------------|
| <b>Employer</b>           | <b>Dates Employed</b><br>To                      From  |  | <b>Job Title/Work Performed</b> |
| <b>Address</b>            |                                                        |  |                                 |
| <b>Phone Number</b>       | <b>Hourly Rate</b><br>Start                      Final |  |                                 |
| <b>Supervisor</b>         |                                                        |  |                                 |
| <b>Reason for Leaving</b> |                                                        |  |                                 |

If you need additional space, please continue on a separate sheet of paper.

## EDUCATION AND TRAINING

Are you now attending school?  No  Yes  Full Time  Part Time  
 If yes, please describe course of study:

---



---

| SCHOOL                            | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | CIRCLE YEAR COMPLETED           | DID YOU GRADUATE (circle) | DIPLOMA OR DEGREE |
|-----------------------------------|----------------------------|-----------------|---------------------------------|---------------------------|-------------------|
| Elementary                        |                            |                 | 1 2 3 4<br>5 6 7 8              | Yes No<br>Year            |                   |
| High School                       |                            |                 | 9 10 11<br>12 GED               | Yes No<br>Year            |                   |
| College/Trade School (state type) |                            |                 | 1 2 3 4<br>Masters<br>Doctorate | Yes No<br>Year            |                   |
| Seminars<br>Workshops<br>Other    |                            |                 |                                 |                           |                   |

### SPECIAL SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience applicable to the position.

---

A physical or mental disability will not cause rejection if you are able to satisfactorily perform in the position for which you are being considered. Alternative placement of an applicant who does not meet the physical standards of the job for which they originally applied will be considered if such an alternative position is available.

Do you have any physical or mental impairment which may limit your ability to perform the job for which you are applying?

Yes  No

If yes, what can be reasonably done to accommodate your limitation?

---

A criminal history may not disqualify you for employment. List any convictions (misdemeanors in the last three years; all felonies) for which a criminal history will reveal convictions:

---

## REFERENCES

Please include the name, address, and phone number of three references that have known you for at least one year. Please include name of current or former coworker, recent trainer or teacher, as well as a personal reference. No relatives.

1.

Name

Address

---

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

2.

Name

Address

---

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

3.

Name

Address

---

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

**APPLICANT'S STATEMENT/BACKGROUND CHECK AUTHORIZATION**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize and request any present or former employer, law enforcement agency, financial institution, or other persons have personal knowledge about me to provide the Suquamish Tribe, and/or its agents with any and all information requested about me for the purpose of retention, employment or background investigation. I release both The Suquamish Tribe and any former employer from any liability concerning verification of the information I have presented in this application or subsequent interview(s).

Furthermore, should the position for which I am applying detail tasks maintaining confidentiality, directly working with children, and/or handling cash in excess of \$100, I authorize the Suquamish Tribe to conduct the necessary background check and/or criminal history to attest to my worthiness.

In consideration of my employment, I agree to conform to the rules and regulations of The Suquamish Tribe.

I also understand that, should I be selected for employment with a field exposure assignment or any other physically demanding assignment, I may be required to successfully pass a pre-placement physical examination. I also understand that if the position I am applying for is designated as a sensitive position, I will be subject to drug and alcohol free testing administered by the Suquamish Tribe.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge.

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

\_\_\_\_\_  
Date

\* Please note that your SSN and DOB is needed in order to complete the background check.

## VOLUNTARY SURVEY

DATE: \_\_\_\_\_

The purpose of this voluntary survey is to comply with governmental record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. **THE COMPLETION OF THIS INFORMATION IS OPTIONAL, THIS DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

For your further information, this information is kept in a confidential file and is not part of your application for employment nor will it be made part of your personnel file in the event you are hired.

Leave blank any questions you do not choose to answer.

Check one:            \_\_\_\_\_ Male            \_\_\_\_\_ Female

Check one of the following (ethnic origin)

\_\_\_\_\_ Caucasian            \_\_\_\_\_ African American            \_\_\_\_\_ Hispanic

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ Native American            \_\_\_\_\_ Multi-Cultural

If Native American, Please specify which Tribe \_\_\_\_\_

Enrollment # \_\_\_\_\_

Check if any of the following is applicable:

\_\_\_\_\_ Vietnam Veteran            \_\_\_\_\_ Disabled Veteran            \_\_\_\_\_ Handicapped

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

How did you hear about this job opening?

\_\_\_\_\_