



Application For Employment

SHOALWATER BAY INDIAN TRIBE

P.O. Box 130 Tokeland, Washington 98590

Telephone: (360) 267-6766 FAX: (360) 749-8100

Email: human.resources@shoalwaterbay-nsn.gov

Shoalwater Bay Indian Tribe is an Equal Opportunity Employer and does not discriminate on the basis of age, religion, sex, race, color, sexual orientation, national origin, disability, marital or veteran status or any other legally protected status. It is the policy of Shoalwater Bay Indian Tribe to promote tribal self-sufficiency by employing tribal members, other enrolled Indians and Indian descendants at all levels of Tribal Government and Enterprises. Indian Preference (PL93-638) is an important factor considered in making employment decisions, and will be applied to qualified applicants.

PLEASE PRINT or TYPE. Application must be completed neatly, legible and in full. Applications must accompany Resume's. Signature is required to be accepted. Failure to fully and accurately complete this application may result in immediate disqualification of your application.

Last Name _____ First Name _____ M.I. _____

Other Names Used _____

Street Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Social Security Number _____

Home Phone Number _____ Office Phone Number _____

Cell Phone Number _____ Email _____

Where can a message be left? Phone Number _____

Position ObjectivePosition Applying for _____ Full-time Part-Time Temporary

Date Available to Start _____ Salary Range Desired _____

Personal InformationAre you a U. S. Citizen or legally authorized to work in the U.S.? Yes NoAre you at least 18 years of age? Yes NoAre you on layoff status or subject to recall? Yes NoHave you ever worked for Shoalwater Bay Indian Tribe? Yes No

If yes, when _____ Title _____

Have you ever applied at Shoalwater Bay Indian Tribe? Yes No

If yes, when _____ For what position? _____

If applying for a job that requires one, do you have a valid driver's license? Yes NoDo you have any relatives or friends currently employed here? Yes No

If yes, please provide name(s) and relationship(s) _____

Have you been convicted of a felony or gross misdemeanor? Yes No

If so, explain _____

*a "yes" answer will not necessarily bar applicant from employmentAre you a registered Shoalwater Bay Indian Tribe tribal member? Yes No
(Provide a copy of current valid tribal ID)Are you a registered member of another Native American tribe? Yes No
(Provide a copy of current valid tribal ID)Are you a Native American descendent? Yes No

Referred by: Newspaper Employee Agency www. Friend Other

Please specify referral source _____

Education and Training

Name of High School _____

City _____ State _____

Highest grade completed _____ Diploma Yes No Year _____ GED Yes No Year _____

Undergraduate College _____ Number of years completed _____ Degree Yes No

City _____ State _____

Type of degree/Area of study _____ Dates attended _____
(Month and Year Beginning-Month and Year Ending)

Graduate Professional _____ Number of years completed _____ Degree Yes No

City _____ State _____

Type of degree/Area of study _____ Dates attended _____
(Month and Year Beginning-Month and Year Ending)

Business/Vocational _____ Number of years completed _____ Degree Yes No

City _____ State _____

Dates attended _____
(Month and Year Beginning-Month and Year Ending)

Trade/Other _____ Number of years completed _____ Degree Yes No

Dates attended _____
(Month and Year Beginning-Month and Year Ending)

Additional training, education, or certificates that are related to the position for which you are applying:

Professional, trade, business, or civic activities and offices held (exclude labor organizations and memberships that reveal race, color, national origin, sex, age, disability, or other protected status)

List additional skills that are related to the position for which you are applying: Computer skills (such as competence with software packages)

Clerical skills (such as typing)

Specialized Skills

Other Qualifications (acquired from employment or other experience)

State any additional information you feel may be helpful to us in considering your application.

Employment History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service, volunteer experience and any periods of unemployment. If self-employed, give firm name and supply business references.

Employer_____

Address _____ City _____ State _____ Zip Code _____

Dates of employment From _____ To _____

Rate of Pay Starting _____ Rate of Pay Final _____

Name, title and phone number of direct supervisor _____

Your job title _____

Your responsibilities _____

Reason for leaving _____

May we contact your present employer at this time? Yes No

If not now, specify when _____

Employer _____

Address _____ City _____ State _____ Zip Code _____

Dates of employment From _____ To _____

Rate of Pay Starting _____ Rate of Pay Final _____

Name, title and phone number of direct supervisor _____

Your job title _____

Your responsibilities _____

Reason for leaving _____

May we contact your present employer at this time? Yes No

If not now, specify when _____

Employer _____

Address _____ City _____ State _____ Zip Code _____

Dates of employment From _____ To _____

Rate of Pay Starting _____ Rate of Pay Final _____

Name, title and phone number of direct supervisor _____

Your job title _____

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Address _____ City _____ State _____ Zip Code _____

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Address _____ City _____ State _____ Zip Code _____

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Your job title _____

Your responsibilities _____

Reason for leaving _____

May we contact your present employer at this time? Yes No

If not now, specify when _____

References

List name and telephone number of business/work references that are not related to you.

Name _____ Company _____

Relationship _____ Years Known _____ Phone Number _____

Name _____ Company _____

Relationship _____ Years Known _____ Phone Number _____

Name _____ Company _____

Relationship _____ Years Known _____ Phone Number _____

Applicant's Acknowledgement and Authorization – Please read carefully before signing.

- I certify that all of the information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said application will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.
- I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended that such employment is at will, for no specified duration and may be terminated by either Shoalwater Bay Indian Tribe or myself at any time, with or without cause or notice. I understand that no documents, policies, procedures, actions, statements of the Shoalwater Bay Indian Tribe or its representatives used during the employment process is deemed a contract of employment real or implied. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- I understand that if employed by Shoalwater Bay Indian Tribe, I agree to conform to the rules, regulations, policies and procedures of the Shoalwater Bay Indian Tribe at all times and further understand that such obedience is a condition of employment.
- I understand that if offered a position with the Shoalwater Bay Indian Tribe, I will be required to submit to a pre-employment drug screening and background investigation as a condition of employment. I understand this background investigation may include any lawful investigation of my educational background and criminal, driving, credit and employment histories. I consent to such a background investigation. I further understand that if the Shoalwater Bay Indian Tribe considers the drug screening and or the background investigation results unfavorable, I agree that the Shoalwater Bay Indian Tribe may deny me that position or discharge me from employment.
- I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Shoalwater Bay Indian Tribe and or to any of its representatives, agents or vendors and I further release all parties involved from any and all liability for any and all damage that may result from providing such information.
- I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

By signing below I acknowledge that I have read, understand and agree to the above statements.

Signature of Applicant

Date