

*Application for Employment With
the Skokomish Indian Tribe*

Part 1. GENERAL INFORMATION

Please review all questions carefully before preparing your application. Please print clearly in blue or black ink or type responses.

Last Name	First	MI	Date
Street Address			Home Telephone ()
City	State	Zip	Business Telephone ()
Have you ever applied for employment with us? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes: Month and Year: Position:			Social security
Are you a current employee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, in which department?			
Position applying for			Pay Expected
How did you learn of particular position?			
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, what hours can you work?			
When will you be available to begin work?			Drivers License
Are you a Skokomish Tribal member? YES, my enrollment number is: NO Are you a member of a Federally Recognized Tribe? YES, my enrollment number is: NO			
List any specific training or skills relevant to position applying for (language, machine operation, etc.) _____ _____ _____			

Part 2. EDUCATION

◆ Are you a high school graduate or have you passed a general education development (GED) test?

YES NO If NO, highest grade completed: _____

◆ List post high school training, including college, business school, military training, and other relevant education. If additional space is needed, copy this blank form or attach additional sheets.

School Name and Location	Month & Year Attended	Credits Earned Sem.	Qtr.	Major	Type of Degree Awarded	Year Received
1.	From / To /					
2.	From / To /					
3.	From / To /					

- ◆ Please list your membership in any Professional or Civic Organizations (You may exclude those which may disclose your race, color, religion, or national origin.) If you need more space, attach additional sheets.

1.
2.
3.
4.

Part 3. EMPLOYMENT HISTORY

Please list your past five employers. Start with your present or last position, then work backward. You may use this form for volunteer as well as paid experience. If you need more space, copy a blank form or attach additional sheets.

1. Present or Last Employer	Employer's Phone Number ()	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address		Employed (State Month and Year) From: / To: /
Name of Immediate Supervisor	Monthly Pay Start: Last:	Average hours per week
Reason for leaving		
State Job Title and Specific Duties		

2. Previous Firm or Employer	Employer's Phone Number ()	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address		Employed (State Month and Year) From: / To: /
Name of Immediate Supervisor	Monthly Pay Start: Last:	Average hours per week
Reason for leaving		
State Job Title and Specific Duties		

(Employment History Continued)

3. Previous Firm or Employer	Employer's Phone Number ()	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address		Employed (State Month and Year) From: / To: /
Name of Immediate Supervisor	Monthly Pay Start: Last:	Average hours per week
Reason for leaving		
State Job Title and Specific Duties		

4. Previous Firm or Employer	Employer's Phone Number ()	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address		Employed (State Month and Year) From: / To: /
Name of Immediate Supervisor	Monthly Pay Start: Last:	Average hours per week
Reason for leaving		
State Job Title and Specific Duties		

5. Previous Firm or Employer	Employer's Phone Number ()	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address		Employed (State Month and Year) From: / To: /
Name of Immediate Supervisor	Monthly Pay Start: Last:	Average hours per week
Reason for leaving		
State Job Title and Specific Duties		

◆ Please list dates and reasons for any gaps in employment

Part 3. REFERENCES

◆ Please list three employer references.

Name	Address	Phone Number () -	How many years acquainted?	Relationship
Name	Address	Phone Number () -	How many years acquainted?	Relationship
Name	Address	Phone Number () -	How many years acquainted?	Relationship

Part 4. MILITARY INFORMATION

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what branch?
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Part 5. OTHER INFORMATION

Are you bondable? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a valid Washing State Drivers License? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have automobile insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO
If you checked YES, the applicant's driving record is subject to review for tribal insurance purposes	
Please note anything that you feel would aid you in seeking the position you are applying for.	
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	Misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you on probation for either? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OPTIONAL	
Are you currently, or have you ever been a habitual user of alcohol or habit forming non or prescription drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If treatment was sought please describe when, where, and who provided treatment.	
A positive answer to any of the above questions does not prohibit you from being hired for the position you are applying for. We do ask that you elaborate on the answer.	

Preference: Indian preference applies with first preference given to enrolled Skokomish Tribal members. Applicants not entitled to or who fail to claim Indian preference will receive consideration without regard to ethnic/national origin, marital status, sexual orientation, religion, disability status, or membership in another Tribal organization.

Drug-Free Workplace Policy: The Skokomish Indian Tribe is committed to providing quality work and service by providing a healthy, safe, drug-free workplace for its employees, council members, and the community which it serves. To achieve this goal, final applicants for employment will be tested for illegal drugs and alcohol after receiving a conditional job offer.

Part 6. DATE AND SIGNATURE

All answers and statements made are true and completed to the best of my knowledge. Furthermore, I hereby give the Skokomish tribe permission to verify all information and references on this application.

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentation or omission of facts called hereon will be sufficient cause for cancellation of consideration for employment or dismissal from the organization if I have been employed.

Applicant's Signature Date

Submit application with reference to Personnel Manager, Skokomish Indian tribe, 80 N. Tribal Center Road, Shelton, WA 98584

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK

Employer	Person Contacted	Results
1.		
2.		
3.		
4.		

TEST RESULTS

Test Administered	Raw Score	Rating	Analysis/Comments

INTERVIEW RESULTS

Interviewing Committee and Comments	
Committee Members	Comments