

**Quileute Tribal TANF- TRAINING APPLICATION
TANF Training Description (WEX)**

Each question should be fully and accurately answered. No action can be taken on this application, until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Training Position Applied for: _____ **Today's Date:** _____

Are you seeking: Full-time Part-time training? When can you start work? _____

Last Name First Name Middle Name Telephone Number

PO Box/Physical Address City State Zip Code Tribe Enrolled

Social Security Number _____ - _____ - _____ Date of Birth _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here before? Yes No If yes, when? _____

Have you ever been convicted of any law violations (except a minor traffic violation?) Yes No

If yes, give details _____

(A "Yes" answer does not automatically disqualify you from training, since the nature of the offense, date, and the training for which you are applying will also be considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain _____

For driving jobs only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Expiration _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships, which reveal race, color, religion, national origin, sex, age disability or other protected status.)

LIST NAME AND ADDRESS OF SCHOOLS: # of Years Completed: Diploma Degree Certificated: Subjects: Year Graduated:

High School Or GED: _____

College Or University: _____

Vocational/Technical: _____

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

PLEASE GIVE MONTH AND YEAR.

NAME OF EMPLOYER: _____ _____ ADDRES: _____ CITY, STATE, ZIP CODE: _____ SUPERVISOR: _____ TELEPHONE: _____	JOB TITLE AND DUTIES: _____ _____ DATE OF EMPLOYMENT: FROM: _____ TO: _____ PAY: START \$ _____ FINAL \$ _____ REASON FOR LEAVING: _____
NAME OF EMPLOYER: _____ _____ ADDRES: _____ CITY, STATE, ZIP CODE: _____ SUPERVISOR: _____ TELEPHONE: _____	JOB TITLE AND DUTIES: _____ _____ DATE OF EMPLOYMENT: FROM: _____ TO: _____ PAY: START \$ _____ FINAL \$ _____ REASON FOR LEAVING: _____
NAME OF EMPLOYER: _____ _____ ADDRES: _____ CITY, STATE, ZIP CODE: _____ SUPERVISOR: _____ TELEPHONE: _____	JOB TITLE AND DUTIES: _____ _____ DATE OF EMPLOYMENT: FROM: _____ TO: _____ PAY: START \$ _____ FINAL \$ _____ REASON FOR LEAVING: _____

Have you worked under any other name? Yes No
 If, yes give name:
 Are you presently employed? Yes No
 If yes, may we contact your present employer? Yes No
 Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain:.....

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in the training application is true and complete. I understand that any false information or omission may disqualify me from further consideration for future employment and may result in my dismissal if discovered at a later date.

I authorize all previous employers to furnish the Tribe with any information they may have regarding my employment and my reason for leaving. I release my prior employers and this company from any liability for any damage resulting from this information, provided such information is protected by the privacy act.

If the applicants have equal qualifications, preference will be given to Quileute Indian applicants and other Native American and Alaska Natives. Except as provided by the Indian Preference Act, Title 25 U.S. Code Section 472 & 473. There will be no discrimination in selection because of race, creed, sex, national origin, physical handicap, marital status, membership or non-membership in an employee organization.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pretraining drug screen. All applicants will be subject to a background check. Some positions may require a criminal background check. I authorize the Quileute Tribe to conduct a background check if chosen for the training position.

I understand that this training application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If in training, I understand that I have been hired at the will of the employer and my training may be terminated at any time, with or without cause and with or without notice unless specified in the policies & procedures. The Quileute Tribe is an "At Will Organization."

I have read, understand, and by my signature consent to these statements.

Signature

Date