

Quileute Tribal Council – JOB APPLICATION

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.

Job Applied for: _____ **Today's Date:** _____

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

Last Name	First Name	Middle Name	Telephone Number/ Email Address
_____	_____	_____	_____
PO Box/Physical Address	City	State	Zip Code
_____	_____	_____	_____
			Tribe Enrolled

Social Security Number _____ - _____ - _____
 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 employment, since the nature of the offense, date, and the job 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: Number of Years Completed: Diploma Degree Certificated: Subjects Studied:
 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: _____
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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	Email Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for 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. To conduct a background check if chosen for the position.

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 pre and/or post employment drug screen. All applicants will be subject to a background check. Some positions may require a criminal background check.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time, if employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice unless specified in the policies & procedures.

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

Signature

Date