



Confederated Tribes of the Chehalis Reservation

PO Box 536
Oakville, WA 98568
Phone: (360) 273-5911
Fax: (360) 273-3861

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Name			Date of Application
Last	First	MI.	
Present Address			Position Applied For
Street			
City	State	Zip	
Residence Telephone: () _____			
Cellular Phone: () _____			
Alternative/Message Telephone: () _____			
Email Address: _____			

QUALIFICATIONS: Please list any education, training, or specialized experience you feel relates to the position applied for that would help you perform the work such as schools, colleges, degrees, licenses, vocational or technical programs, military training, hobbies, etc.

School Name	Address	Major, Degrees, Licenses, Special Achievements, Experience or Training
High School:		() Graduate () G.E.D.
Other:		
Other:		
Other:		

NOTE: You may also attach any verification of training received, seminars attended, college courses taken, degrees or certificate of completion.

Have you ever worked for us before? () Yes () No
Department: _____
Dates: _____

Are you 18 years of age or older? () Yes () No
Do you have a valid driver's license? () Yes () No
State: _____

Are you claiming Tribal Preference? () Yes () No
If yes, please provide the federally-recognized tribe you are enrolled with: _____

Are you legally eligible for employment in the United States? () Yes () No
Successful applicants will be required to provide proof of identity and eligibility for employment.*

Are there any days of the week you are not available to work? () No () Yes, please list _____
What shifts are you willing to work? () Day () Swing () Night

On what date are you available for work? _____

* Required by the Immigration Reform and Control Act

EMPLOYMENT EXPERIENCE: Beginning with your most recent position, please complete and account for a minimum of ten years of employment including U.S. military service (branch, dates, etc). Do not enter “see resume”, incomplete applications may disqualify you from further consideration. Attach additional sheets if necessary.

Present or last employer (Company Name)	Type of Business	Telephone
Address	Hire Date	Date Left
Job Title	Supervisor	
May we contact? () Yes () No	Reason for Leaving	
Job Duties and Responsibilities		
Present or last employer (Company Name)	Type of Business	Telephone
Address	Hire Date	Date Left
Job Title	Supervisor	
May we contact? () Yes () No	Reason for Leaving	
Job Duties and Responsibilities		
Present or last employer (Company Name)	Type of Business	Telephone
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Job Duties and Responsibilities		
Present or last employer (Company Name)	Type of Business	Telephone
Address	Hire Date	Date Left
Job Title	Supervisor	
May we contact? () Yes () No	Reason for Leaving	
Job Duties and Responsibilities		

Attach additional sheets if necessary.

**CHEHALIS TRIBE APPLICATION FOR EMPLOYMENT
& AUTHORIZATION FOR RELEASE OF INFORMATION**

1. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.
2. I certify that the facts and information in the application and in the attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered.
3. I understand that I may be required to submit to pre- and/or post-employment drug and alcohol screening. I agree to such testing at the Chehalis Tribe's expense. I authorize the release of test results to the Tribe and its use to evaluate my suitability for employment. I also release the Tribe from any and all liability associated with the testing.

Signature _____ Date _____



Chehalis Tribe

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RELEASE FOR BACKGROUND/CRIMINAL INVESTIGATION

I authorize the investigation of all matters which the Chehalis Tribe deems relevant to my qualifications for employment, including all statements made in my application for employment and in any documents and supporting attachments. I authorize the Chehalis Tribe to request and receive such information, including a check for criminal convictions, and I release from liability any persons (such as former supervisors) or employers supplying it. I also release the Chehalis Tribe from all liability which might result from making the investigation.

_____	_____	_____	_____
Last Name	First Name	Middle Name	Former Name(s)
_____		_____	
Date of Birth		Social Security Number	
_____	_____	_____	
Driver's License Number	State	Expiration Date	

CRIMINAL CONVICTIONS: Conviction of a crime is not an automatic bar to employment. The Chehalis Tribe will investigate only criminal convictions that relate to your fitness to perform the job for which you are applying. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied, will be considered.

Have you ever been convicted of a felony? () Yes () No

If yes, please explain: _____

If the position applied for involves driving, have you ever been convicted, pleaded nolo contendere, or paid a fine for any traffic violations in the past three (3) years? () Yes () No

If yes, please explain: _____

I have read the above statements and do hereby certify that my responses to the questions are true and correct to the best of my knowledge.

Signature _____ Date _____

The above information will remain confidential and separate from your application.

EQUAL EMPLOYMENT OPPORTUNITY AND TRIBAL PREFERENCE

It is the Chehalis Tribe’s policy to seek and employ the best qualified personnel and to provide equal opportunity for the hiring and advancement of employees, and to administer these activities in a manner which will not discriminate against any person because of race, color, religion, sex, or national origin. The Chehalis Tribe practices Tribal Preference in accordance with Section 703(i) of Title VII of the Civil Rights Act of 1964, as amended, and Chehalis Tribal Code.

To monitor the effectiveness of the Chehalis Tribe’s recruitment efforts to provide Equal Employment Opportunity and Tribal Preference to its applicants, the Tribe requests your voluntary cooperation by indicating:

Race or Ethnic Origin:

- Asian
- Black or African American
- Hispanic
- Native American or Native Alaskan
- Native Hawaiian or other Pacific Islander
- White/Non-Hispanic
- Prefer not to indicate

Gender:

- Female
- Male

Veteran: Yes No

Dates of Service: _____

Branch of Military: _____

VERIFICATION OF TRIBAL PREFERENCE

- Enrolled Chehalis Tribal Member Enrollment Number _____
- Spouse of an Enrolled Chehalis Tribal Member Spouse’s Enrollment Number _____
- Enrolled Member of another Tribe Name of Tribe _____
(Attach copy of Tribal ID or CDIB)

ADDITIONAL INFORMATION

How did you first hear of this opening?

Chehalis Tribe

- Posting
- Web Page
- From a Tribal Member
- From a Tribal Employee

Website:

- Worksource
- CareerBuilder.com
- Craigslist
- School/College Website: _____
- Other/Please list: _____

Newspaper/Publication:

- Olympian
- Tacoma Tribune
- The Chronicle
- Daily World
- Seattle Times
- Other: _____
- Indian Country Today

Position applied for: _____

The above information will remain confidential and separate from your application.