



3. Are you either a United States Citizen or an alien authorized to work in the United States? Yes No  
 If No, Please provide the following:

\_\_\_\_\_ Date of Entry: \_\_\_\_\_  
 Alien Registration Number Port of Entry Month Day Year

4. What is your date of birth? \_\_\_\_\_  
 Month Day Year

5. Are you under 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, can you provide required proof of eligibility to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. If your application is considered favorably, on what date will you be available for work?  
 \_\_\_\_\_ Immediately \_\_\_\_\_ Other Date

7. Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, may we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Please complete the following regarding your education:

EDUCATION	NAME	City/State	#Years Attended	Did you Graduate?	Diploma or Degree
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					
Describe any specialized training, apprenticeship, skills & extra-curricular activities:					
Describe any honors or certificates you have received:					
State any additional information you feel may be helpful to us in considering your application:					

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

9. Please complete the following regarding your employment history. Begin with your current or most recent employer. Be sure to list any self-employment, unemployment and school attendance. Attached separate sheets of paper using the same format.

Employer	Employment Dates	Reason for Leaving
Name	From: _____ Mo _____ Yr	
Street	To: _____ Mo _____ Yr	
City State Zip	Ending Salary	Duties
Phone( )	Amount _____	
Contact:	Hr. Mo. Yr.	

Employer			Employment Dates			Reason for Leaving		
Name			From: _____ Mo ____ Yr					
Street			To: _____ Mo ____ Yr					
City State Zip			Ending Salary			Duties		
Phone( )			Amount _____					
Contact:			Hr. Mo. Yr.					

Employer			Employment Dates			Reason for Leaving		
Name			From: _____ Mo ____ Yr					
Street			To: _____ Mo ____ Yr					
City State Zip			Ending Salary			Duties		
Phone( )			Amount _____					
Contact:			Hr. Mo. Yr.					

Employer			Employment Dates			Reason for Leaving		
Name			From: _____ Mo ____ Yr					
Street			To: _____ Mo ____ Yr					
City State Zip			Ending Salary			Duties		
Phone( )			Amount _____					
Contact:			Hr. Mo. Yr.					

10. Please list below three business people you have known for at least three years who will provide a reference for you:

Name	Title	Business	Phone #	Yrs. Known

11. Military Service Data:

Veteran ___ Yes  ___ No	Veteran/Other Eligible ___ Vietnam Era ___ Eligible ___ Pers Gulf ___ Other	Military Service MO/Day/Yr Date Entered _____ Date Entered _____	Branch Of Service (circle one) ARMY COAST GUARD NAVY AIRFORCE MARINE NOAA
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12. Race/Ethnic (Circle one) Caucasian Native American African American Hispanic

13. Have you ever been convicted of a crime or have any criminal action pending? \_\_\_ Yes \_\_\_ No  
Please explain \_\_\_\_\_

14. Would you be willing to take a urine analysis test? \_\_\_ Yes \_\_\_ No

15. Have you had a major illness in the past 5 years? \_\_\_ Yes \_\_\_ No  
If yes, please describe: \_\_\_\_\_

16. Do you have a valid Driver's License?  Yes  No  
State \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

17. Do you agree to take any necessary testing to prove your eligibility for the position you are applying for?  Yes  No

As a condition of employment, you are required to undergo periodic drug/substance testing with or without prior notice. If you test positively during your probationary period, your employment may be terminated. By signing this Application for Employment and Personal and Criminal History Statement you authorize such testing and acknowledge the consequences of a positive test.

**TO APPLICANT: YOU MUST READ AND SIGN THIS APPLICATION. READ CAREFULLY BEFORE YOU SIGN.**

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VERIFICATION OF INDIAN PREFERENCE

The following information is needed for reporting purposes only. Information regarding individual status is confidential and not available for public knowledge.

1. \_\_\_\_\_ Enrolled Chehalis Tribal Member Enrollment Number \_\_\_\_\_
2. \_\_\_\_\_ Spouse of an Enrolled Chehalis Tribal Member Spouse Enrollment Number \_\_\_\_\_
3. \_\_\_\_\_ Enrolled Member of another Tribe Name of Tribe \_\_\_\_\_  
(Attach Enrollment Certificate)
4. \_\_\_\_\_ None of the Above

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I certify that to the best of my knowledge that all of my answers and statements are true, correct, and complete and made in good faith. I understand that any false statements on the Application & Personal and Criminal History Statement is not intended to be a contract of employment, nor does it obligate the employer in any way if the employer decides not to employ me.

I consent to the release of information concerning my employment, personal and criminal history which I have listed on this Application & Personal and Criminal History Statement. I acknowledge and agree that any inquiry made may include information as to my character, general reputation, personal characteristics and mode of living. I release any person, firm or institution from all liability for any damage for issuing such information.

SIGNATURE \_\_\_\_\_

PLACE \_\_\_\_\_

DATE \_\_\_\_\_