



**Chehalis Tribal Enterprises**  
18120 Anderson Road SW  
Oakville, WA 98568

PHONE (360) 273-1251 FAX: (360) 273-6665

Space Above for DATE STAMP



End of the Trail 1, 2 & 3

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**  
**CHEHALIS TRIBAL ENTERPRISES APPLICATION FOR EMPLOYMENT AND**  
**PERSONAL AND CRIMINAL HISTORY STATEMENT**

(Please Print Clearly)

Name			Today's Date
Last	First	MI.	
Present Address			Referred by
Street			
City	State	Zip	Telephone Number
Emergency Contact			Home (      )
Name	Phone Number		Other (      )

**POSITION(S) APPLIED FOR:**

#1. \_\_\_\_\_ #2. \_\_\_\_\_ #3. \_\_\_\_\_

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY.  
**YOUR APPLICATION MAY NOT BE ACCEPTED IF QUESTIONS ARE LEFT UNANSWERED.**  
USE SEPARATE SHEETS OF PAPER IF YOU RUN OUT OF ROOM AND BE SURE TO LIST THE  
QUESTIONS NUMBER YOU ARE RESPONDING TO ON A SEPARATE SHEET OF PAPER.

1. What type of employment are you most interested in? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

**Please indicate which days and shifts you are available to work:**

Monday:	Morning _____	Swing _____	Graveyard _____
Tuesday:	Morning _____	Swing _____	Graveyard _____
Wednesday:	Morning _____	Swing _____	Graveyard _____
Thursday:	Morning _____	Swing _____	Graveyard _____
Friday:	Morning _____	Swing _____	Graveyard _____
Weekends:	Morning _____	Swing _____	Graveyard _____

2. Have you ever been employed by the Chehalis Tribe before? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ to \_\_\_\_\_  
Mo./Yr. Mo./Yr. Job Title Mo./Yr. Mo./Yr. Job Title

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:

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

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

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

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

7. 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.

8. 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.					

9. 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

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

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

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

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

14. 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 will be required to undergo an initial drug/substance abuse test and periodic drug/substance tests thereafter, with or without prior notice. If you test positively during your probationary period, your employment will be terminated. By signing this Application for Employment you agree to undergo such testing and acknowledge the consequences of a positive test.

Under Federal Law, specifically, the Adam Walsh Child Protection and Safety Act of 2006, 18 U.S.C. § 2550, all convicted sex and/or kidnapping offenders are required to register with the appropriate law enforcement agency in any jurisdictions in which they live, work, or attend school.

The Chehalis Tribal Code has adopted this registration requirement under Subsection 3.1.2.120, *et seq.* any sex and/or kidnapping offenders who live, work, or attend school within the exterior boundaries of the Chehalis



Reservation or on property owned by the Tribe in fee or trust regardless of the location must register with Chehalis Tribal Law Enforcement. All Chehalis Tribal Enterprises locations are included in this area.

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

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VERIFICATION OF INDIAN PREFERENCE

**Tribal Employment Preference.**

The Confederated Tribes of the Chehalis Reservation apply a Chehalis Tribal Member and Native American preference policy to all employment opportunities as provided by Public Law 88-353, Section 703, Title VII, Civil Rights Act of 1964

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 all of my answers and statements provided on this Application & Personal History and Criminal History Statement are true, correct, complete, and made in good faith. I understand that the submission of any false statements on the Application & Personal and Criminal History Statement will result in rejection of this application or termination of my employment. I understand that this 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 \_\_\_\_\_

DATE \_\_\_\_\_