



**Chehalis Tribe**

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



**Chehalis Tribe Application for Summer Youth Employment**

**(Please Print Clearly)**

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

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.

1. What is your availability?

\_\_\_ Full time

\_\_\_ Part time – I am involved in the following approved programs (please check):

Canoe Journey – Dates/Times: \_\_\_\_\_

Summer School – Dates/Times: \_\_\_\_\_

Driver's Education – Dates/Times: \_\_\_\_\_

2. Have you ever been employed by the Chehalis Tribe before (including summer youth)?

\_\_\_ No    \_\_\_ Yes    Year \_\_\_\_\_ Job Title \_\_\_\_\_

Year \_\_\_\_\_ Job Title \_\_\_\_\_

4. What is your Chehalis Tribal Member Enrollment ID#: \_\_\_\_\_

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

6. Please complete the following regarding your training/education: **(Please Print Clearly)**

EDUCATION	NAME	City/State	#Years Attended	Did you Graduate?	Diploma or GED
HIGH SCHOOL					
Describe any training or skills you've obtained through volunteer work or 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:					

7. Please complete the following regarding your employment history. Begin with your current or most recent employer. Be sure to list any self-employment, volunteer activities, special events worked/volunteered.

Employer			Dates of Employment		
Name					
Street					
City	State	Zip			
Phone( )					
Contact:					
Employer			Dates of Employment		
Name					
Street					
City	State	Zip			
Phone( )					
Contact:					
Employer			Dates of Employment		
Name					
Street					
City	State	Zip			
Phone( )					
Contact:					

8. Have you ever been convicted of a crime or have any criminal action pending?  Yes  No

Please explain \_\_\_\_\_

9. Do you have a valid Driver's License?  Yes  No

State \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Do you have proof of current Auto Insurance?  Yes  No



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**DRUG & ALCOHOL TESTING**

As a condition of employment, you are required to undergo periodic drug & alcohol testing with or without prior notice. If you test positive during this program, your employment will be terminated. By signing this Application for Employment 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.**

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. This 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 understand that any false statements on the Application may disqualify me from employment.

I consent to the release of information concerning my employment, personal and criminal history which I have listed on this Application. 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.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ETHICAL WORK BEHAVIOR AGREEMENT**

By signing below, I agree and understand that:

- All Summer Employees are required to adhere to the expectations the Tribe has for all employees with regard to work ethic and professionalism.
- The Director of the Department is my supervisor. The Director may also assign another employee to supervise me from time to time.
- If I participate in behavior that is unprofessional or is adverse to the direction I have been given, I will be subject to disciplinary action, up to and including, termination of my Summer Employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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(Please Print Clearly)

Applicant Name			Today's Date
Last	First	MI.	

**PARENTAL/GUARDIAN RELEASE**

If the Summer Employee applicant is under 18 years of age, a parent or guardian must complete the following release.

My signature below confirms that I am the legal Guardian of the above named applicant and indicates that:

I **DO** consent to allow the applicant to participate in the drug testing program.

I **DO** consent to allow the applicant to participate in the Healthy Choices and Prevention training, which will include prevention materials discussing drugs, smoking, alcohol, teen pregnancy, sexually transmitted disease, and other related information.

PRINTED NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_