



Confederated Tribes of the Chehalis Reservation

420 Howanut Rd (PO Box 536) Oakville, WA 98568

Phone: (360) 273-5911 | Fax: (360) 273-3861

www.ChehalisTribe.org Email: Recruiting@chehalisTribes.org

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Name			Date of Application
Last	First	MI.	
Present Address			Position(s) Applied For
Street			1.
City	State	Zip	2.
Residence Telephone: _____			
Cellular Phone: _____			
Email Address: _____			

QUALIFICATIONS: Must meet minimum job requirements for consideration. 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	City/State	*Degrees, Licenses, Specialty Achievements, Experience or Training
High School:		() Diploma or () G.E.D. ___/___ Date
Associate:		() Graduated ___/___ Date
Bachelors:		() Graduated ___/___ Date
Other:		() Graduated ___/___ Date
Other:		() Graduated ___/___ Date

** Please attach verification of degrees, certificates of completion, training received, college courses taken, and/or seminars attended.*

Have you worked for the Chehalis Tribe before? () Yes () No
Department/Entity: _____
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.*
** Required by the Immigration Reform and Control Act*

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

If hired, on what date are you available to begin employment? _____

Omissions or intentional misrepresentation may lead to the termination of any hiring process or tribal employment at any future date without notice.

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" as incomplete applications may disqualify you from further consideration.

Present or Last Employer (Company Name)	Type of Business	Telephone
Address	Hire Date	Date Left
Job Title	Reason for Leaving	
Job Duties and Responsibilities		
Previous Employer	Type of Business	Telephone
Address	Hire Date	Date Left
Job Title	Reason for Leaving	
Job Duties and Responsibilities		
Previous Employer	Type of Business	Telephone
Address	Hire Date	Date Left
Job Title	Reason for Leaving	
Job Duties and Responsibilities		
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Authorization for Release of Information

I authorize any investigator, or other authorized representative conducting my background investigation on behalf of the Chehalis Tribal government, to collect any information about me from individuals, schools, landlords or property managers, employers, criminal justice agencies, and other sources.

This information may include, but is not limited to, my academic records, residential history, achievements, job performance, attendance, disciplinary history, employment history, and criminal history records.

I also authorize investigators, or authorized representatives of the Chehalis Tribal Human Resources Department, to request national criminal record information about me from criminal justice agencies to determine my eligibility for employment or continued employment in positions involving work with children. I understand that I may request access to these records as permitted by law.

I authorize individuals and organizations that have information about me to release that information upon request from authorized investigators, even if prior agreements would otherwise restrict such disclosure.

I understand and consent to the submission of my fingerprints as part of this background investigation for the purpose of obtaining criminal history information.

I understand that all information collected will be used solely by the Chehalis Tribal Human Resources Department only for the purpose of determining my suitability for employment within the Chehalis Tribal Government.

A copy of this authorization with my signature is as valid as the original. This authorization remains valid for five (5) years from the date signed or until my employment or my affiliation with the Chehalis Tribal Government ends, whichever occurs first.

I understand that I have the right to challenge the accuracy of any criminal history information obtained about me. Any such challenge must be directed to the agency or source that provided the information and not the Chehalis Tribal Government.

Signature		Printed Name	
Position for which you are being Investigated			Date Signed
Current Address			Primary Contact Number
City	State	Zip Code	Secondary Contact Number



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RELEASE FOR BACKGROUND/CRIMINAL INVESTIGATION

I authorize the Chehalis Tribe to investigate any information it deems relevant to my qualifications for employment, including all statements made in my employment application and any accompanying documents or attachments. I further authorize the Chehalis Tribe to obtain information, from any individuals or organizations, including but not limited to former employers and supervisors, as well as to conduct a criminal background investigation.

I release all individuals and entities providing such information from any liability arising from their disclosures. I also release the Chehalis Tribe from all liability resulting from conducting this investigation.

1. Full Name				2. Date of Birth		
Last Name	First Name	Middle Name	Jr., II, etc.	Month 00	Day 00	Year 0000
3. Other Names Used – Maiden name, from a former marriage, alias(s), or nickname(s).			4. Driver's License No.		5. Social Security Number	
Name			No.:	State:		
6. Your Telephone No.			7. Place of Birth			
Home	Cell	City		County	State	
8. Residence – List where you have lived, beginning with the most recent and working back 5 years. All periods in the last 5 years must be accounted for in your list.						
Month/Year	Month/Year	Street Address	City	State	Zip code	
1)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
2)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
3)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
4)	To					
Month/Year	Month/Year	Street Address	City	State	Zip code	
5)	To					
9. Residence/Employment on an Indian Reservation – List any Indian Reservation, Village, Community, Rancheria or Pueblo in which you have lived in the last 5 years.						



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CRIMINAL CONVICTIONS: Certain criminal convictions are disqualifying for employment with the Chehalis Tribe. Applicants whose criminal history falls within established disqualifying criteria will not be considered for employment.

10. Have you ever been charged with or convicted of any felony offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. 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 <input type="checkbox"/>	NO <input type="checkbox"/>
12. Have you ever been found guilty of <ul style="list-style-type: none"> • a felony offense, or • two or more misdemeanor offenses involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution, crimes against persons; or offenses against children under Federal, State, or Tribal law? 	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Have you ever been the subject of a restraining order or an order of protection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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.

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. Omissions or intentional misrepresentation may lead to the termination of any hiring process or tribal employment at any time without notice.

Signature _____

Date _____

All information provided will be kept confidential and maintained separately from your employment application.

**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.

REFERENCES: Please list three (3) professional references* who can attest to your professional skills and experience. Reference letters do not substitute for completing this section, however, may be included with application.

**Names should be of three persons, not related to you, who have known you at least three (3) years.*

Name	Address, Phone, Email	Company	Years Known
1			
2			
3			

FOR HUMAN RESOURCES USE ONLY: References Verified? 1. Y / N 2. Y / N 3. Y / N

Notes: _____

Signature: _____

Date: _____

Printed Name: _____

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 Chehalis Tribal Code and Personnel Policies.

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 *(mark all that apply):*

- Asian
 - Black or African American
 - Hispanic or Latino
 - Native American/Alaskan
 - Native Hawaiian or other Pacific Islander
 - White/Non-Hispanic
 - Other: _____
 - Prefer Not to Answer
- Veteran:** Yes No

Gender:

- Female
- Male

Dates of Service: _____
 Branch of Military: _____
 Type of Discharge: _____

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
- Tribe’s Website
- From a Tribal Member Name: _____
- From a Tribal Employee Name: _____

Website:

- WorkSourceWA
- Indeed
- LinkedIn
- ZipRecruiter
- CareerBuilder
- Craigslist
- School/College Website: _____
- Other/Please list: _____

Position(s) applied for: 1. _____
 2. _____
 3. _____

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