

# APPLICATION FOR EMPLOYMENT



**SHOALWATER BAY INDIAN TRIBE**  
P. O. Box 130 – 2373 Old Tokeland Road  
Tokeland, WA 98590  
Phone: (360) 267-6766 Fax (360) 267-8219  
Email: [human.resources@shoalwaterbay-nsn.gov](mailto:human.resources@shoalwaterbay-nsn.gov)

Shoalwater Bay Indian Tribe is an Equal Opportunity Employer and does not discriminate on the basis of age, religion, sex, race, color, sexual orientation, national origin, disability, marital or veteran status or any other legally protected status. It is the policy of Shoalwater Bay Indian Tribe to promote tribal self-sufficiency by employing tribal members, other enrolled Indians and Indian descendants at all levels of Tribal Government and Enterprises. Indian Preference (PL93-638) is an important factor considered in making employment decisions, and will be applied to qualified applicants.

**PLEASE PRINT or TYPE.** Application must be completed neatly, legible and in full. Applications must accompany Resume's. Signature is required to be accepted. Failure to fully and accurately complete this application may result in immediate disqualification of your application.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Other names used \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Where can a message be left? Phone Number \_\_\_\_\_

### Position Objective

Position applying for \_\_\_\_\_  Full-time  Part-time  Temporary  
Date available to start \_\_\_\_\_ Salary range desired \_\_\_\_\_

### Personal Information

Are you a U. S. Citizen or legally authorized to work in the U.S.?  Yes  No  
Are you at least 18 years of age?  Yes  No  
Are you on layoff status or subject to recall?  Yes  No  
Have you ever worked for Shoalwater Bay Indian Tribe?  Yes  No  
If yes, when \_\_\_\_\_ Title \_\_\_\_\_

Have you ever applied at Shoalwater Bay Indian Tribe?  Yes  No  
If yes, when \_\_\_\_\_ For what position? \_\_\_\_\_

If applying for a job that requires one, do you have a valid driver's license?  Yes  No

Do you have any relatives or friends currently employed here?  Yes  No  
If yes, please provide name(s) and relationship(s) \_\_\_\_\_

Have you been convicted of a felony or gross misdemeanor?\*  Yes  No  
If so, explain \_\_\_\_\_

\*a "yes" answer will not necessarily bar applicant from employment

Are you a registered Shoalwater Bay Indian Tribe tribal member?  Yes  No  
(Provide a copy of current valid tribal ID)  
Are you a registered member of another Native American tribe?  Yes  No  
(Provide a copy of current valid tribal ID)  
Are you a Native American descendent?  Yes  No

Referred by:  Newspaper  Employee  Agency  www.  Friend  Other  
Please specify referral source \_\_\_\_\_

**Education and Training**

Name of High School \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Highest grade completed \_\_\_\_\_ Diploma  Yes  No Year \_\_\_\_\_ GED  Yes  No Year \_\_\_\_\_

Undergraduate College \_\_\_\_\_ Number of years completed \_\_\_\_\_ Degree  Yes  No  
City \_\_\_\_\_ State \_\_\_\_\_  
Type of degree/Area of study \_\_\_\_\_ Dates attended \_\_\_\_\_  
(Month and Year Beginning-Month and Year Ending)

Graduate Professional \_\_\_\_\_ Number of years completed \_\_\_\_\_ Degree  Yes  No  
City \_\_\_\_\_ State \_\_\_\_\_  
Type of degree/Area of study \_\_\_\_\_ Dates attended \_\_\_\_\_  
(Month and Year Beginning-Month and Year Ending)

Business/Vocational \_\_\_\_\_ Number of years completed \_\_\_\_\_ Degree  Yes  No  
City \_\_\_\_\_ State \_\_\_\_\_  
Dates attended \_\_\_\_\_  
(Month and Year Beginning-Month and Year Ending)

Trade/Other \_\_\_\_\_ Number of years completed \_\_\_\_\_ Degree  Yes  No  
City \_\_\_\_\_ State \_\_\_\_\_  
Dates attended \_\_\_\_\_  
(Month and Year Beginning-Month and Year Ending)

Additional training, education, or certificates that are related to the position for which you are applying: \_\_\_\_\_  
\_\_\_\_\_

Professional, trade, business, or civic activities and offices held (exclude labor organizations and memberships that reveal race, color, national origin, sex, age, disability, or other protected status) \_\_\_\_\_  
\_\_\_\_\_

List additional skills that are related to the position for which you are applying: Computer skills (such as competence with software packages) \_\_\_\_\_  
\_\_\_\_\_

Clerical skills (such as typing) \_\_\_\_\_  
\_\_\_\_\_

Specialized skills \_\_\_\_\_  
\_\_\_\_\_

Other qualifications (acquired from employment or other experience) \_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.  
\_\_\_\_\_  
\_\_\_\_\_

---

**Employment History**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service, volunteer experience and any periods of unemployment. If self-employed, give firm name and supply business references.

---

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Rate of Pay Starting \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_  
Name, title and phone number of direct supervisor \_\_\_\_\_  
Your job title \_\_\_\_\_  
Your responsibilities \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
May we contact your present employer at this time?  Yes  No If not now, specify when \_\_\_\_\_

---

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Rate of Pay Starting \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_  
Name, title and phone number of direct supervisor \_\_\_\_\_  
Your job title \_\_\_\_\_  
Your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

---

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Rate of Pay Starting \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_  
Name, title and phone number of direct supervisor \_\_\_\_\_  
Your job title \_\_\_\_\_  
Your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

---

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Rate of Pay Starting \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_  
Name, title and phone number of direct supervisor \_\_\_\_\_  
Your job title \_\_\_\_\_  
Your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

---

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Rate of Pay Starting \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_  
Name, title and phone number of direct supervisor \_\_\_\_\_  
Your job title \_\_\_\_\_  
Your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

---

Reason for leaving \_\_\_\_\_

---

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_

Rate of Pay Starting \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_

Name, title and phone number of direct supervisor \_\_\_\_\_

Your job title \_\_\_\_\_

Your responsibilities \_\_\_\_\_

---

Reason for leaving \_\_\_\_\_

---

### References

List name and telephone number of business/work references that are not related to you.

Name \_\_\_\_\_ Company \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_ Phone Number \_\_\_\_\_

### Applicant's Acknowledgement and Authorization – Please read carefully before signing.

- I certify that all of the information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said application will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.
- I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended that such employment is at will, for no specified duration and may be terminated by either Shoalwater Bay Indian Tribe or myself at any time, with or without cause or notice. I understand that no documents, policies, procedures, actions, statements of the Shoalwater Bay Indian Tribe or its representatives used during the employment process is deemed a contract of employment real or implied. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- I understand that if employed by Shoalwater Bay Indian Tribe, I agree to conform to the rules, regulations, policies and procedures of the Shoalwater Bay Indian Tribe at all times and further understand that such obedience is a condition of employment.

- I understand that if offered a position with the Shoalwater Bay Indian Tribe, I will be required to submit to a pre-employment drug screening and background investigation as a condition of employment. I understand this background investigation may include any lawful investigation of my educational background and criminal, driving, credit and employment histories. I consent to such a background investigation. I further understand that if the Shoalwater Bay Indian Tribe considers the drug screening and or the background investigation results unfavorable, I agree that the Shoalwater Bay Indian Tribe may deny me that position or discharge me from employment.
- I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Shoalwater Bay Indian Tribe and or to any of its representatives, agents or vendors and I further release all parties involved from any and all liability for any and all damage that my result from providing such information.
- I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

By signing below I acknowledge that I have read, understand and agree to the above statements.

---

Signature of Applicant

---

Date