

# Stillaguamish Tribe of Indians



## Application for Employment

**Please note:** This application will remain valid for one year. If you have any questions, or need assistance, please contact our Human Resources Department at 360-652-7362.

<b>Personal Information</b>	<b>Date:</b>
-----------------------------	--------------

Applicant Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Mi) \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ SSN# \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

<b>Employment Desired</b>
---------------------------

Position: \_\_\_\_\_

Location: Administration Office \_\_\_\_\_ Smoke Shop \_\_\_\_\_ Other \_\_\_\_\_

Desired rate of pay: \_\_\_\_\_ Type of work desired (full/part time): \_\_\_\_\_

Desired start date: \_\_\_\_\_

Hours of availability (day/night, hours): \_\_\_\_\_

Are you 21 years of age or more? Yes  No

If hired, can you provide identification which establishes your legal right to work in the U.S.?

Yes  No

Have you ever been employed by the Stillaguamish Tribe? Yes  No

If yes, what position and when? \_\_\_\_\_

In accordance with Title 25 of the United States Code section 472 regarding Indian Preference, please check one of the following:

- \_\_\_\_\_ Stillaguamish Tribe of Indians Enrollment # \_\_\_\_\_
- \_\_\_\_\_ Other enrolled Native American Enrollment # \_\_\_\_\_
- \_\_\_\_\_ Descendant of enrolled Native American
- \_\_\_\_\_ All other applicants

Please be aware that our business may require that you work holidays, weekends and/or nights.



**Applicant Name:** \_\_\_\_\_

**Additional Information**

List any current, valid license or permit of any kind (including gaming) in your possession:

\_\_\_\_\_  
\_\_\_\_\_

If hired for a position which requires the operation of a Stillaguamish vehicle, can you provide a valid and current driver's license and a motor vehicles department record? **Yes**  **No**

Have you **ever** been arrested or convicted of a felony crime? **Yes**  **No**  If yes, explain below. Please note dates and dispositions. A yes answer will not necessarily disqualify you from employment. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any special skills, training, apprenticeships or activities which you feel qualifies you for the position you are applying for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your customer service skills: \_\_\_\_\_

\_\_\_\_\_

If you have experience in computer operation, please list the software applications you are familiar with: \_\_\_\_\_

\_\_\_\_\_

Education	Name/Location	Did you graduate?	Subjects studied
High School			
College			
Trade School/Other			
U.S. Military Service			

**References**

List three persons (not relatives or former employers) who have knowledge of your job experience and abilities:

Name	Occupation	Telephone Number	Time Known?



**Applicant Name:** \_\_\_\_\_

**Employment History**

List your employment record for the last 4 jobs (cover at least the last 5 years) starting with your most recent position; include military service, part time work and summer jobs. PLEASE NOTE and explain any periods of unemployment of over 1 month on the back of this application form. If you would like to add any other employment records, continue on the back on this form. Please complete this section even if you are attaching a resume.

Company name: \_\_\_\_\_ Position(s) held: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Job duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Dates of employment (month, year) From: \_\_\_\_\_ to: \_\_\_\_\_ Supervisor(s): \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Beginning salary:\$ \_\_\_\_\_ Ending salary:\$ \_\_\_\_\_  
 May we contact employer? Yes/No If no, why?: \_\_\_\_\_

Company name: \_\_\_\_\_ Position(s) held: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Job duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Dates of employment (month, year) From: \_\_\_\_\_ to: \_\_\_\_\_ Supervisor(s): \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Beginning salary:\$ \_\_\_\_\_ Ending salary:\$ \_\_\_\_\_  
 May we contact employer? Yes/No If no, why?: \_\_\_\_\_

Company name: \_\_\_\_\_ Position(s) held: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Job duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Dates of employment (month, year) From: \_\_\_\_\_ to: \_\_\_\_\_ Supervisor(s): \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Beginning salary:\$ \_\_\_\_\_ Ending salary:\$ \_\_\_\_\_  
 May we contact employer? Yes/No If no, why?: \_\_\_\_\_

Company name: \_\_\_\_\_ Position(s) held: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Job duties: \_\_\_\_\_  
 \_\_\_\_\_  
 Dates of employment (month, year) From: \_\_\_\_\_ to: \_\_\_\_\_ Supervisor(s): \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Beginning salary:\$ \_\_\_\_\_ Ending salary:\$ \_\_\_\_\_  
 May we contact employer? Yes/No If no, why?: \_\_\_\_\_

# Please Read the Following Statements Carefully

With a signature below, the applicant acknowledges (or acknowledges asking for assistance with) the following:

**Truthfulness:** The applicant hereby states that the information contained in this application is true, correct and complete to the best of his/her knowledge. The applicant understands that falsification, omission or misrepresentation of information on this application or any subsequent request for information made by the Stillaguamish Tribe of Indians or its agents (hereafter referred to as STI) are grounds for withdrawal of the offer of employment and/or disciplinary action up to and including the possible termination of employment.

**Background Check:** The applicant hereby authorizes STI to conduct a routine inquiry during STI's initial and subsequent processing of this application for which will provide STI with applicable information concerning the applicant's character, general reputation, personal credit history, job history, and any other information which is determined by STI to be necessary to determine the applicant's suitability for employment. The applicant's signature below authorizes such inquiries to be held at any time during employment with STI should the applicant be employed by STI.

**Identification:** The applicant acknowledges that Federal Law and STI policy prohibits companies from hiring any person unless he/she presents documents which establish that person's identity and eligibility to work in the United States. The applicant acknowledges that providing such documentation is a condition of employment.

**Drug Testing:** The applicant acknowledges that successfully passing a drug and alcohol test (as required by current STI policy and procedure) is a condition of employment. The applicant also acknowledges that refusal to submit to such testing (and the resultant conditions of current drug and alcohol policy) prior to and during the course of employment will result in the withdrawal of the offer of employment or termination of employment. The applicant also hereby authorizes the release of the results of any such testing to STI.

**At Will Employment:** The applicant acknowledges that the STI is an "at will" employer. Either the applicant or the employer may end the employment relationship with or without prior notice.

**General Release:** The applicant hereby releases STI its agents and any person or entity that provides or receives information pursuant to the above statements from any and all liability and any damage which may arise.

The applicant acknowledges that the above statements in no way alter the status or rights of the Stillaguamish Tribe of Indians.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Stillaguamish Tribe of Indians  
P.O. Box 277 3310 Smokey Point Dr.  
Arlington, WA 98223