Chehalis Tribal Enterprises 18120 Anderson Road SW Oakville, WA 98568 Phone: (360) 273-1251

Fax: (360) 273-6665



# ANY OFFER OF EMPLOYMENT IS CONDITIONAL ON THE CANDIDATE PASSING A DRUG TEST AND BACKGROUND CHECK

## **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

APPLICATION FOR EMPLOYMENT/PERSONAL AND CRIMINAL HISTORY STATEMENT (Please Print Clearly)

|                           |                         | (1 lease 1 lille clearly | /                                   |       |
|---------------------------|-------------------------|--------------------------|-------------------------------------|-------|
|                           | Name                    | ·                        | Today's Date                        |       |
| Last                      | First                   | MI.                      |                                     |       |
|                           |                         |                          |                                     |       |
|                           | Present Address         |                          | Referred by                         |       |
| Street                    |                         |                          |                                     |       |
| City                      | State                   | Zip                      | Telephone Number                    |       |
| o.c,                      | State                   | <b>-</b> .p              | relephone realise.                  |       |
|                           | Emergency Contact       |                          | Home ( )                            |       |
| ••                        |                         |                          |                                     |       |
| Name                      | Phone Num               | ber                      | Other ( )                           |       |
|                           |                         |                          |                                     |       |
|                           | POS                     | SITION(S) APPLIED        | FOR:                                |       |
| #1                        | #2                      |                          | #3.                                 |       |
| тт                        | πΖ.                     |                          | π3.                                 |       |
| PLEASE ANSWER ALL OF      | THE FOLLOWING QU        | ESTIONS TO THE BE        | ST OF YOUR ABILITY.                 |       |
|                           |                         |                          |                                     |       |
|                           |                         |                          | Full Time Part Time                 | !     |
| Please indicate which     |                         |                          |                                     |       |
| Monday:                   |                         |                          | _ Graveyard                         |       |
| Tuesday:                  | Morning                 | Swing                    | _ Graveyard                         |       |
| Wednesday:                | Morning                 |                          | _ Graveyard                         |       |
| Thursday:                 | Morning                 | Swing                    | Graveyard                           |       |
| Friday:                   | Morning                 | Swing                    | _ Graveyard                         |       |
| Weekends:                 | Morning                 |                          | Graveyard                           |       |
|                           |                         |                          |                                     |       |
| 2. Have you ever been     | employed by the Che     | halis Tribe before?      | Yes No Location:                    |       |
| +0                        |                         |                          | +0                                  |       |
| Mo./Yr. Mo./Yr.           | Job Title               | <br>Mo./Yr.              | to<br>Mo./Yr.             Job Title |       |
| ,                         |                         |                          | ,                                   |       |
| 3 Are you either a Uni    | ted States Citizen or a | n alien authorized       | to work in the United States?Y      | es No |
| If No, Please provide     |                         | ii diicii ddiiioii2cd    | to work in the officed states1      | csn   |
|                           |                         |                          | Date of Entry:                      |       |
| Alien Registration Number | Port of Entr            |                          | Month Day Yea                       | r     |
| 1                         |                         |                          | DC//D/1                             | 0024  |

| 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 y Other Date | ou be available for work? |          |
| 6. | Are you employed now?  If yes, may we contact your present employer?        | Yes<br>Yes                | No<br>No |
|    | , co,a, coact , ca. p. coche employer.                                      |                           |          |

| EDUCATION   | NAME | City/State | #Years<br>Attended | Did you<br>Graduate<br>? | Diploma<br>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.

7. 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. If you need to, attach separate sheets of paper using the same format.

| Employer       | Employment Dates | Reason for Leaving |
|----------------|------------------|--------------------|
| Name           | From:MoYr        |                    |
| Street         | To:MoYr          |                    |
| City State Zip | Ending Salary    | Duties             |
| Phone( )       | Amount           |                    |
| Contact:       | Hr. Mo. Yr.      |                    |
| Employer       | Employment Dates | Reason for Leaving |
| Name           | From:MoYr        |                    |
| Street         | To:MoYr          |                    |
| City State Zip | Ending Salary    | Duties             |
| Phone( )       | Amount           |                    |
| Contact:       | Hr. Mo. Yr.      |                    |

|                | Employment Dates | Reason for Leaving |
|----------------|------------------|--------------------|
| Name           | From:MoYr        |                    |
| Street         | To:MoYr          |                    |
| City State Zip | Ending Salary    | Duties             |
| Phone( )       | Amount           |                    |
| Contact:       | Hr. Mo. Yr.      |                    |
| Employer       | Employment Dates | Reason for Leaving |
| Name           | From:MoYr        |                    |
| Street         | To:MoYr          |                    |
| City State Zip | Ending Salary    | Duties             |
| Phone( )       | Amount           |                    |
| Contact:       | Hr. Mo. Yr.      |                    |
|                |                  |                    |

8. Please list below a minimum of one business reference you have known for at least three years, and two personal references for you:

| Name | Title | Business | Phone # | Yrs. Known |
|------|-------|----------|---------|------------|
|      |       |          |         |            |
|      |       |          |         |            |
|      |       |          |         |            |

| 9. Have you ever been convicted of a crime or have a Please explain             |  |
|---|--|
| 10. Would you be willing to take a urine analysis test?                         | YesNo  |
| 11. Have you had a major illness in the past 5 years?  If yes, please describe: | YesNo  |
| 12. Do you have a valid Driver's License?                                       | YesNo  |
| State Number  | Exp. Date/   |
| 13. Do you agree to take any necessary testing to prov                          | re your eligibility for the position you are applying for? |

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.

### **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 (Attach Enrollment Certificate)   | Name of Tribe  |
| 4   | None of the Above  |  |
|   |  |  |
| and Crimir<br>any false<br>applicatior<br>Statement | at to the best of my knowledge all of my answers and statem<br>nal History Statement are true, correct, complete, and mad<br>statements on the Application & Personal and Criminal<br>n or termination of my employment. I understand that<br>is not intended to be a contract of employment, nor does<br>of to employ me. | e in good faith. I understand that the submission of History Statement will result in rejection of this this Application & Personal and Criminal History |
| this Applic<br>informatio                           | to the release of information concerning my employment, ation & Personal and Criminal History Statement. I acknow in as to my character, general reputation, personal characteristitution from all liability for any damage for issuing such in  | rledge and agree that any inquiry made may include teristics, and mode of living. I release any person,  |
| SIGNATUI  | RE DATE  |  |