

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)

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

**POSITION(S) APPLIED FOR:**

#1. \_\_\_\_\_ #2. \_\_\_\_\_ #3. \_\_\_\_\_

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY.

1. What type of employment are you most interested in? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

**Please indicate which days and shifts you are available to work:**

Monday:	Morning _____	Swing _____	Graveyard _____
Tuesday:	Morning _____	Swing _____	Graveyard _____
Wednesday:	Morning _____	Swing _____	Graveyard _____
Thursday:	Morning _____	Swing _____	Graveyard _____
Friday:	Morning _____	Swing _____	Graveyard _____
Weekends:	Morning _____	Swing _____	Graveyard _____

2. Have you ever been employed by the Chehalis Tribe before? \_\_\_\_Yes \_\_\_\_No Location: \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ \_\_\_\_\_ to \_\_\_\_\_  
Mo./Yr. Mo./Yr. Job Title Mo./Yr. Mo./Yr. Job Title

3. Are you either a United States Citizen or an alien authorized to work in the United States? \_\_\_\_Yes \_\_\_\_No  
If No, Please provide the following:

\_\_\_\_\_ Date of Entry: \_\_\_\_\_  
Alien Registration Number Port of Entry Month Day Year

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 you be available for work?  
 \_\_\_\_\_ Immediately \_\_\_\_\_ Other Date
6. Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, may we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

EDUCATION	NAME	City/State	#Years Attended	Did you Graduate ?	Diploma 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: _____ Mo _____ Yr	
Street	To: _____ Mo _____ Yr	
City State Zip	Ending Salary	Duties
Phone( )	Amount _____	
Contact:	Hr. Mo. Yr.	
Employer	Employment Dates	Reason for Leaving
Name	From: _____ Mo _____ Yr	
Street	To: _____ Mo _____ Yr	
City State Zip	Ending Salary	Duties
Phone( )	Amount _____	
Contact:	Hr. Mo. Yr.	

		Employment Dates	Reason for Leaving
Name		From: _____ Mo ____ Yr	
Street		To: _____ Mo ____ Yr	
City	State Zip	Ending Salary	Duties
Phone( )		Amount _____	
Contact:		Hr. Mo. Yr.	
Employer		Employment Dates	Reason for Leaving
Name		From: _____ Mo ____ Yr	
Street		To: _____ Mo ____ Yr	
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 any criminal action pending? \_\_\_\_Yes \_\_\_\_No  
Please explain \_\_\_\_\_

10. Would you be willing to take a urine analysis test? \_\_\_\_Yes \_\_\_\_No

11. Have you had a major illness in the past 5 years? \_\_\_\_Yes \_\_\_\_No  
If yes, please describe: \_\_\_\_\_

12. Do you have a valid Driver's License? \_\_\_\_Yes \_\_\_\_No

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

13. Do you agree to take any necessary testing to prove your eligibility for the position you are applying for?  
\_\_\_\_Yes \_\_\_\_No

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.**

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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                      Name of Tribe \_\_\_\_\_  
    (Attach Enrollment Certificate)
  4. \_\_\_\_\_ None of the Above
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I certify that to the best of my knowledge all of my answers and statements provided on this Application & Personal History and Criminal History Statement are true, correct, complete, and made in good faith. I understand that the submission of any false statements on the Application & Personal and Criminal History Statement will result in rejection of this application or termination of my employment. I understand that this Application & Personal and Criminal History 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 consent to the release of information concerning my employment, personal and criminal history which I have listed on this Application & Personal and Criminal History Statement. 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.

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