

BACKGROUND

If your answer to any of the questions below is Yes, please attach a separate page with an explanation. Include all pertinent facts, dates, locations, complete names of persons involved, complete names of organizations, etc. You are required as part of the completion of this application, to authorize contact of these individuals and/or organizations by the Tribe..

Do you currently use any illegal drug(s) and/or do you currently abuse prescription drugs, over-the-counter drugs and/or alcohol? Yes No

Have you been convicted of a felony and/or served time within the last 7 years? (Conviction will not necessarily disqualify an applicant.) Yes No

Is there anything that would interfere with the regular schedule and other time demands of the position for which you are applying? Yes No

Have you ever been discharged or asked to resign, while in any job? Yes No

Have you ever resigned or quit, after being informed your employer intended to terminate your employment? Yes No

Have you ever been suspended, inactive or subjected to any form of disciplinary action, while in any job? Yes No

Have you used any names or Social Security numbers other than those listed above? Yes No

EDUCATION

High School Name and Location	Graduated Yes [] No []	Passed G. E. D. []	Date(s)
College/University Name and Location	Degree Yes [] No []	Degree/Major	Date(s)
College/University Name and Location	Degree Yes [] No []	Degree/Major	Date(s)
College/University Name and Location	Degree Yes [] No []	Degree/Major	Date(s)

CURRENT OR MOST RECENT WORK EXPERIENCE		
<i>NOTE: To maintain the confidentiality of your job search, the Tribe will not contact your current employer until you give your consent.</i>		
Name of Current Employer	Telephone Number	
Address		
Your Job Title	Your Supervisor's Name and Title	
Dates Employed	Resigned [] Dismissed [] Lay Off [] Reason:	
Specific Job Duties Performed		
	Salary	

PREVIOUS WORK EXPERIENCE		
Name of Employer	Telephone Number	
Address		
Your Job Title	Your Supervisor's Name and Title	
Dates Employed	Resigned [] Dismissed [] Lay Off [] Reason:	
Specific Job Duties Performed		
	Salary	

PREVIOUS WORK EXPERIENCE		
Name of Employer		Telephone Number
Address		
Your Job Title		Your Supervisor's Name and Title
Dates Employed		Resigned [] Dismissed [] Lay Off [] Reason:
Specific Job Duties Performed		
		Salary

OTHER JOBS PREVIOUSLY HELD		
Dates	Job Title	Employer Name, Address and Telephone Number

MILITARY EXPERIENCE		
Branch of Service AND Rank	Dates of Service	Status (Active, Standby, Inactive, Discharged)

OTHER SKILLS OR ABILITIES
<i>Please list any other skills or abilities not covered in this application that you feel help qualify you for the position(s) applied.</i>

OTHER REFERENCES	
<i>Please list three other references who have knowledge of your qualifications and/or suitability for the position(s) applied. Do not include relatives, former employers or supervisors already listed on this Application form. These individuals will be contacted by Tribal staff.</i>	
Name and Title	Business Telephone Number AND Mailing Address

NATIVE PREFERENCE
Please check one of the boxes below if you wish to claim Native Preference:
[] I am enrolled Port Gamble S'Klallam. My enrollment number is _____
[] I am enrolled in _____ My enrollment number is _____ <div style="text-align: center;">Tribe or Village</div>

STATEMENT OF APPLICATION AND AUTHORIZATION

*****Please read this carefully before signing.*****

I believe that I am qualified to perform all the job requirements of the position(s) for which I am applying. Furthermore, I realize that by submitting this application, I hereby:

- * signify my willingness to appear for interviews in regard to my application;
- * affirm that there are no misrepresentations, omissions, or falsifications in the above statements and answers to questions;
- * authorize the Tribe, its staff and representatives to consult with prior employers and others who may have information bearing on my professional competence, character, ethical qualifications, ability to work cooperatively, and other qualifications;
- * consent to inspection by the Tribe, its staff and representatives of all documents that may be meaningful, in their judgment, to evaluate my qualifications and competence;
- * consent to the release of such information and documents;
- * release from liability the Tribe, its staff and representatives for acts performed and statements made concerning my professional competence, ethics, character and other qualifications;
- * agree to keep the Tribe immediately informed of any changes on matters affecting my eligibility, suitability or qualification for employment;
- * acknowledge that I have the burden of producing adequate information for a proper evaluation of my professional competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications;
- * acknowledge that any significant misrepresentations, omissions, or falsifications in this application or during the employment process constitute cause for denial of employment or cause for immediate termination.

All information submitted by me in this application is true and complete to the best of my knowledge. A photocopy of this original statement and authorization constitutes my written authorization and request to release any and all documentation relevant to this application, and shall have the same force and effect of the signed original.

Signature

Printed Name

Date