



Port Gamble S'Klallam Tribe Application Checklist

1. Complete application, print & sign.
2. Print clearly, use Black/Blue Ink.
 - a. Make certain all information is legible.
3. If you have a resume, please include a copy.
4. Application must be filled out completely. Do not indicate “see resume”, it will not be accepted.
5. Upon hire, the following will be required to accept the position: Tribal I.D. (If applicable), Driver’s License (If required), Photo ID (required), and social security card or birth certificate (required).

Mandatory Attachments: (applications will not be accepted without all required documentation as listed below)

- Proof of all formal education; to include diploma, GED, and degrees. (If required)
- Please provide proper documentation for parent of enrolled PGST child (If applicable)
- If you are a Veteran, please attach your DD 214.

** Remember, applications are kept on file for one year. It is your responsibility to keep the application up to date.

PORT GAMBLE S'KLALLAM TRIBE EMPLOYMENT APPLICATION

Please take the time to fill out this application completely, accurately and (PRINT) legibly. Applications that are incomplete or missing information will not be considered. Do not indicate "See Resume".

The Tribe considers applicants for all positions without regard to race, color, creed, religion, gender, sexual orientation, age, national origin, marital status, veteran status, disability, or any other applicable legally protected status. Accordingly, preference in all aspects of employment with the Tribe will be given to qualified candidates in the following order, first to enrolled members of the Port Gamble S'Klallam Tribe, second to Port Gamble S'Klallam descendants and parents of enrolled Port Gamble S'Klallam Member children, third to other Indians enrolled in any federally recognized tribe, and fourth to non-Indian candidates. This preference is for the purpose of furthering the goals of self-determination and employment opportunities for the tribe and its members.

IMPORTANT: This application form is intended for use in evaluating your suitability for employment. This is not an employment contract. False or misleading statements on this form and/or during an interview are grounds for ending the application process or, if discovered after employment, terminating employment and benefits.

PERSONAL INFORMATION			
Position(s) Applied For			Date of Application
Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Telephone Number(s)			
Are you over age 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Email Address
Are you over age 21?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you had previous employment with the Port Gamble S'Klallam Tribe in the last 7 years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you received a job description(s) or had the requirements of the job(s) explained to you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand the job requirements and essential functions?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions of the position(s) which you are applying for, with or without reasonable accommodation for a disability(ies)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a United States citizen or otherwise legally eligible for employment in the United States?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
On what date would you be available for work if hired?			
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Seasonal			

TRIBAL PREFERENCE
Please check one of the boxes below if you wish to claim Tribal Preference:
1. <input type="checkbox"/> I am enrolled Port Gamble S'Klallam. My enrollment number is _____.
2. <input type="checkbox"/> I am a Port Gamble S'Klallam descendant. (Please attach a Letter of Descendancy from Tribal Enrollment) <input type="checkbox"/> I am a parent of a Port Gamble S'Klallam Tribal member. My child's enrollment number is _____.
3. <input type="checkbox"/> I am enrolled in _____ Tribe or Village. My enrollment number is _____.

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.

Have you been convicted of or pleaded guilty to a crime within the past 7 years or are you currently subject to any court proceedings? (Conviction will not necessarily disqualify an applicant) If yes please explain _____ Yes No

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

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

Have you ever been discharged or asked to resign, while in any job? If yes please explain _____ Yes No

Have you ever resigned or quit after being informed your employer intended to terminate your employment? If yes please explain _____ Yes No

Have you ever been suspended, inactivated or subjected to any form of disciplinary action, while in any job? If yes please explain _____ Yes No

Have you used any names or Social Security numbers other than those listed above? If yes, please explain _____ Yes No

EDUCATION

High School Name and Location OR GED	Obtained Diploma or GED Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University Name and Location	Obtained Degree <input type="checkbox"/> Yes <input type="checkbox"/> No A.A. <input type="checkbox"/> B.A. <input type="checkbox"/> M.A. <input type="checkbox"/> J.D. <input type="checkbox"/>	Degree/Major
College/University Name and Location	Obtained Degree <input type="checkbox"/> Yes <input type="checkbox"/> No A.A. <input type="checkbox"/> B.A. <input type="checkbox"/> M.A. <input type="checkbox"/> J.D. <input type="checkbox"/>	Degree/Major
College/University Name and Location	Obtained Degree <input type="checkbox"/> Yes <input type="checkbox"/> No A.A. <input type="checkbox"/> B.A. <input type="checkbox"/> M.A. <input type="checkbox"/> J.D. <input type="checkbox"/>	Degree/Major

MILITARY EXPERIENCE

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

REFERENCES

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.

Name and Title	Business Telephone Number AND Mailing Address

Applications that are incomplete or missing information will not be considered. Do not indicate "See Resume".

CURRENT EMPLOYMENT

NOTE: To maintain the confidentiality of your job search, the Tribe will not contact your current employer until you give your consent.

Name of Current Employer & Address	Dates Employed	Your Job Title
	Telephone Number	Your Supervisor's Name and Title
	<input type="checkbox"/> Resigned <input type="checkbox"/> Dismissed <input type="checkbox"/> Lay Off Reason:	
Specific Job Duties Performed		

PREVIOUS EMPLOYMENT

Name of Employer & Address	Dates Employed	Your Job Title
	Telephone Number	Your Supervisor's Name and Title
	<input type="checkbox"/> Resigned <input type="checkbox"/> Dismissed <input type="checkbox"/> Lay Off Reason:	
Specific Job Duties Performed		

PREVIOUS EMPLOYMENT

Name of Employer & Address	Dates Employed	Your Job Title
	Telephone Number	Your Supervisor's Name and Title
	<input type="checkbox"/> Resigned <input type="checkbox"/> Dismissed <input type="checkbox"/> Lay Off Reason:	
Specific Job Duties Performed		

PREVIOUS EMPLOYMENT

Name of Employer & Address	Dates Employed	Your Job Title
	Telephone Number	Your Supervisor's Name and Title
	<input type="checkbox"/> Resigned <input type="checkbox"/> Dismissed <input type="checkbox"/> Lay Off Reason:	
Specific Job Duties Performed		

PREVIOUS EMPLOYMENT

Dates	Job Title	Employer Name, Address and Telephone Number

Please Check applicable qualifications:

OFFICE SKILLS AND ABILITIES

10 Key Calculator	Microsoft Word
Microsoft Excel	Data Base
Bookkeeping	Writing Skill
Accounting	Typing
Basic Computer Skills	Advanced Computer Skills
Supervision	Management

LABORER

Heavy Equipment, Specify:	Lawn and Garden Equipment, Specify:
Cleaning Skills	Chainsaw Operation
Hand Tools	

RETAIL

Operate Espresso Machine	Line Cook
Cash Register	Food Prep
Inventory/Stocking	Cleaning Skills

AVAILABLE ID'S AND CERTIFICATES

Valid Washington State Drivers License	Tribal Enrollment Card
Valid Washington State ID	Treaty ID Card
First Aid Card	CDL
CPR Certified	Food Handlers Card

Other Information that would be helpful to your employment application, be specific

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; 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;

My signature below is an acknowledgement and agreement that:

- all information submitted by me in this application is true and complete to the best of my knowledge and that there are no misrepresentations, omissions, or falsifications in the statements and answers to questions;
- I understand 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.

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