

# SUMMER YOUTH 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".

**\*To be eligible for summer youth employment with the Port Gamble S'Klallam Tribe you must be between 14 years to 18 years of age on June 28, 2021.**

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 16? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(determines ability to use power tools)</small>		Email Address	
Will you be 14 years old by June 28, 2021 <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
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
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time (summer school)			
Choice of placement 1 <sup>st</sup> choice _____ 2 <sup>nd</sup> choice _____ 3 <sup>rd</sup> choice _____			
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
<i>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.</i>

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 worked for the tribe before \_\_\_\_\_  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

Will you be attending summer school \_\_\_\_\_  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

Please describe any honors you have received \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities you may have \_\_\_\_\_

List any software programs you have used or are familiar with \_\_\_\_\_

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

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

**PREVIOUS EMPLOYMENT**

Dates	Job Title	Employer Name, Address and Telephone Number

**Please Check applicable qualifications:****OFFICE SKILLS AND ABILITIES**

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

**LABORER**

<b>Heavy Equipment, Specify:</b>	<b>Lawn and Garden Equipment, Specify:</b>
<b>Cleaning Skills</b>	<b>Chainsaw Operation</b>
<b>Hand Tools</b>	

**RETAIL**

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

**AVAILABLE ID'S AND CERTIFICATES**

<b>Valid Washington State Drivers License</b>	<b>Tribal Enrollment Card</b>
<b>Valid Washington State ID</b>	<b>Treaty ID Card</b>

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.

_____	_____	_____
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

**SUMMER YOUTH WORKSHOP: Mandatory date to be determined.**

**Please make note: No Summer Youth Canoe Journey this year.**