



SAUK SUIATTLE INDIAN TRIBE APPLICATION FOR EMPLOYMENT

5318 Chief Brown Lane
Darrington, WA 98241
Phone: 360-436-0131
Fax: 360-436-1511
www.sauk-suiattle.com

POSITION APPLYING FOR _____ DEPARTMENT _____

RATE OF PAY EXPECTED _____ DATE YOU CAN START _____

PERSONAL INFORMATION

NAME _____
First
Middle
Last

PHYSICAL ADDRESS _____
Street
City
State
Zip

MAILING ADDRESS _____
Street/PO Box
City
State
Zip

PHONE NUMBER _____ CELLPHONE NUMBER _____

E-MAIL ADDRESS _____

IF NATIVE AMERICAN, TRIBAL AFFILIATION _____

TRIBAL ENROLLMENT NO _____ ARE YOU 18 YEARS OR OLDER Yes No

CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE US? Yes No

DO YOU HAVE A VALID WA DRIVER'S LICENSE? Yes No License No _____

HAVE YOU EVER BEEN EMPLOYED BY SAUK-SUIATTLE INDIAN TRIBE? Yes No

If Yes, from _____ to _____ Department _____
Start Date
End Date

LIST ANY RELATIVES EMPLOYED BY SSIT _____

EDUCATION (Please Do Not Use "See Resume")

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	GRADUATED	CERTIFICATE/ DIPLOMA	MAJOR/ DEGREE	GRADUATION YEAR
HS DIPLOMA OR GED		Yes <input type="checkbox"/> No <input type="checkbox"/>			
TRADE/ BUSINESS SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>			
COLLEGE		Yes <input type="checkbox"/> No <input type="checkbox"/>			
GRADUATE SCHOOL		Yes <input type="checkbox"/> No <input type="checkbox"/>			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING OR SKILLS (To include GED, civilian schools, military academies, etc. - complete with dates. Include typing speed, knowledge of computers and software, etc. - please list.) _____

MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE US ARMED FORCES? YES NO

Date Entered _____ Date Separated _____

Branch of Service _____ Serial Number _____

Selective Service Number _____ Selective Service Class _____

DID YOU RECEIVE AN HONORABLE DISCHARGE? Yes No If No, please explain the circumstances; _____

⇒ COMPLETE ALL INFORMATION; DO NOT USE "SEE RESUME". ATTACH ADDITIONAL SHEET IF NEEDED. ⇐

EMPLOYMENT HISTORY: (Start with the most recent job and work back)

ARE YOU EMPLOYED NOW? Yes No If Yes, may we contact your employer? Yes No

Job Title _____ Starting Salary _____ Ending Salary _____

Employer _____
Name Street City State Zip

Hire Date _____ Separation Date _____

Supervisor's Name _____ Title _____

Contact Number _____ Number of employees supervised _____

Describe Duties Performed _____

Reason for leaving _____

Job Title _____ Starting Salary _____ Ending Salary _____

Employer _____
Name Street City State Zip

Hire Date _____ Separation Date _____

Supervisor's Name _____ Title _____

Contact Number _____ Number of employees supervised _____

Describe Duties Performed _____

Reason for leaving _____

Job Title _____ Starting Salary _____ Ending Salary _____

Employer _____
Name Street City State Zip

Hire Date _____ Separation Date _____

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Job Title _____ Starting Salary _____ Ending Salary _____

Employer _____
Name Street City State Zip

Hire Date _____ Separation Date _____

Supervisor's Name _____ Title _____

Contact Number _____ Number of employees supervised _____

Describe Duties Performed _____

Reason for leaving _____

REFERENCES: List three references, not related to you, whom you have known at least three years

NAME	CONTACT NUMBER	RELATION	YEARS KNOWN

ATTACHMENTS REQUIRED

1. CERTIFICATIONS (Any Educational Degrees, Diplomas, Transcripts, Training Certificates, Etc.)
2. COPY OF DRIVER'S LICENSE
3. ANY DOCUMENTATION SPECIFICALLY REQUIRED BY JOB DESCRIPTION
4. IF CLAIMING NATIVE PREFERENCE, PLEASE ATTACH ENROLLMENT DOCUMENTATION
5. IF CLAIMING VETERANS PREFERENCE, PLEASE ATTACH FORM DD214

CERTIFICATION AND AGREEMENT: (Read Carefully before signing)

I UNDERSTAND AND AGREE THAT:

1. Any misrepresentation or omission of facts in my application or any attachments to my application may result in refusal of employment or if employed, termination from employment.
2. I understand that the Sauk-Suiattle Indian Tribe (SSIT) will make a thorough investigation of my work, educational, personal, and criminal history, and may verify all data, including contacting former employers and educational institutions given in my application, related documents, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by SSIT, and I release from liability any person giving or receiving any such information. I understand that falsification will result in refusal of employment or, if employed, termination from employment.
3. I understand and agree that depending on the position, I may be required to take a pre-employment drug test at SSIT's expense, in addition to random or for cause testing, during my employment to determine if I am alcohol or drug free for the job that I am responsible to perform. Failure to submit to such testing will result in revocation of offer of employment or termination.
4. I understand and agree that certain positions (as described in the job description) may require physical exams in order to ensure an individual is capable of performing the job functions. Such test will be performed post-offer of employment at the SSIT's expense and employment shall be conditioned on satisfactorily passing such physical exam.
5. If hired, I agree to conform to all applicable rules, regulations, policies, and/or disciplinary procedures of SSIT and/or any department thereof. I understand that those rules, regulations, policies and/or disciplinary procedures are not intended by SSIT to create an obligation of continued employment.
6. I understand that this document is an application for employment and continued employment is not being offered. I hereby understand and agree that if hired, my employment, both during and after probationary period, is for an indefinite period and that nothing in this application or any other SSIT document shall be deemed to create any contract of continued employment between me and SSIT. I understand that my employment can be terminated at any time pursuant to the SSIT policies and procedures. I understand that employment beyond any probationary period or employment for a number of years shall not result in my heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me.

Applicant Signature

Date

SAUK-SUIATTLE INDIAN TRIBE
Background Investigation Consent and Release Form

Legal Name: _____

First

Middle

Last

Former Names, including maiden name: _____

Date of birth: _____ **Social security number:** _____

Driver's License Number: _____ **State Issued:** _____

U.S. Citizen: Yes No If no, please list immigration status and Visa number _____

Current address: _____

Previous cities and states you have lived in: _____

Have you ever been convicted of a felony? Yes No If yes, please give details including date, state/county court in which conviction was entered, type of felony and etc. _____

Have you been convicted of a misdemeanor? Yes No If yes, please list the date, state/county court in which conviction was entered, type of misdemeanor and etc. _____

Authorization and Release

I hereby authorize the Sauk-Suiattle Indian Tribe and its designated agents and representatives to conduct a comprehensive review of my background to be generated for employment, promotion, reassignment, or retention as an employee. I understand that the scope of the investigation may include, but is not limited to, the following areas: Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all tribal, federal, state, county jurisdictions, birth records, motor vehicle records to include traffic citations and registration and any other public records.

I hereby authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release the Sauk-Suiattle Indian Tribe and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with Tribal policy. I have read this Background Investigation Consent and Release form and understand my rights.

Applicant Signature

Date