

APPLICATION FOR EMPLOYMENT CASUAL LABOR

PUYALLUP TRIBE OF INDIANS – ADMINISTRATION

3009 E. PORTLAND AVE., TACOMA, WA 98404 PH: (253) 573-7958 JOB LINE: (253) 573-7943 FAX: (253) 573-7963

PERSONAL INFORMATION

Name:		Date:
Home Address:		
City, State, Zip:		U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If No, Do you have a Green Card? <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Phone #:	Message #:	E-mail:
Do you have a Valid State Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have proof of vehicle insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO
NOTE: PROOF OF EMPLOYMENT ELIGIBILITY WILL BE REQUIRED AT TIME OF HIRE/ORIENTATION.		

INDIAN PREFERENCE

To ensure the Tribe's Indian Preference policy consideration, a copy of your proof of enrollment <u>MUST BE</u> attached to this application.		
Are you enrolled in a Federally recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Federally recognized Tribe:	Enrollment #: (required)
Are you a spouse of a Puyallup Tribal Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Enrolled spouse: (required)	

POSITION(S) APPLYING FOR

<input type="checkbox"/> Elders Caregiver* <input type="checkbox"/> GELC Caregiver* <input type="checkbox"/> Canoe Journey* <input type="checkbox"/> Pow Wow <input type="checkbox"/> Fish Tagger/Sampler <input type="checkbox"/> Gravedigger <input type="checkbox"/> Fireworks <input type="checkbox"/> Youth Sports* _____ <input type="checkbox"/> Cultural Event* _____ <input type="checkbox"/> Other _____
*Background release is also required for these positions.

EDUCATION

* GED:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A									
* High School diploma:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A									
* Circle the highest grade completed in elementary/high school:	1	2	3	4	5	6	7	8	9	10	11	12
* If applicable, circle the highest number of years of college completed:	1	2	3	4	Graduated:	<input type="checkbox"/> YES	<input type="checkbox"/> NO					
* If applicable, circle the highest number of graduate school completed:	1	2	3	4	Advanced Degree Awarded:	<input type="checkbox"/> YES	<input type="checkbox"/> NO					

How many words per minute can you type? _____ wpm
Have you ever been denied or had a professional license or certification revoked for the position for which you are applying?
<input type="checkbox"/> NO <input type="checkbox"/> YES, Please explain: _____

List all computer software programs with which you are experienced and indicate your degree of proficiency:

Software Program	Proficiency				Comments
Word or Word Perfect	<input type="checkbox"/> N/A	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	
Excel	<input type="checkbox"/> N/A	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	
Access	<input type="checkbox"/> N/A	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	
Other:	<input type="checkbox"/> N/A	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	
Other:	<input type="checkbox"/> N/A	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	

EMPLOYMENT HISTORY

PLEASE PROVIDE INFORMATION FOR JOBS YOU HAVE HELD PERTAINING TO THE SKILLS, KNOWLEDGE AND ABILITIES TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING. BE SURE TO INCLUDE DATES OF EMPLOYMENT AND A SHORT LIST OF JOB DUTIES. NOTE: STATING "SEE ATTACHED RESUME" WILL NOT BE ACCEPTED

1.

Employer Name, Address & Phone #:	Supervisor Name & Title:		
Your Job Title:	Salary:	Full-time	Part-time
From: (mm/yr) To: (mm/yr)	Duties:		
Reason for Leaving:			

2.

Employer Name & Address & Phone #:	Supervisor Name & Title:		
Your Job Title:	Salary:	Full-time	Part-time
From:(mm/yr) To:(mm/yr)	Duties:		
Reason for Leaving:			

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

The Puyallup Tribe of Indians does not discriminate on the basis of sex, age, race, color, religion, marital status, national origin, disability, and Veteran status. However, Native American preference applies. Interviews are given on a competitive basis, using job-related factors. After a written application has been received and reviewed, because of the large number of applications received, not everyone who applies for a vacant position will necessarily be interviewed.

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, my misrepresentation or material omission which becomes known to the Puyallup Tribe of Indians may result in immediate termination.

I authorize all previous employers/supervisors, including all persons with and for whom I have worked, to give the Puyallup Tribe of Indians' representative any and all information regarding my previous employment. I release the Puyallup Tribe of Indians and all previous employers/supervisors from liability for any damages that may result from furnishing information to the Puyallup Tribe of Indians.

I understand that, if selected, I will be required to provide proof of identity and legal right to work in the United States prior to actual employment with the Puyallup Tribe of Indians. In consideration of my employment, I agree to conform to the Puyallup Tribe of Indians Personnel Policies and Procedures. I understand that a background check may be required prior to any employment offer.

I understand that this application will only be considered if all information requested has been submitted.

Applicant's Signature

Date