

ALL SECTIONS MUST BE COMPLETED

**APPLICATION FOR EMPLOYMENT
PUYALLUP TRIBE OF INDIANS - ADMINISTRATION
3009 E. Portland Ave., Tacoma, WA 98404
Ph: (253) 573-7863 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 PH:	Business PH:	Message PH:	
Do you have a Valid State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a 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 MUST BE 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 Number: (Required)
Are you a spouse of a Puyallup Tribal Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Enrolled Spouse: (Required)	

Position Applying For

Title:	Salary Desired:
Referred by:	Date you can start:
Have you ever been employed by the Puyallup Tribe of Indians? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, state where you have worked _____, job title _____, dates of employment (mm/yr) _____.	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, in which branch of the armed forces did you serve? _____ Special Duties or Training: _____	

**Note: If Information is not provided for Education and Skills Sections,
HR will conclude that the Applicant does not possess information requested.**

Education	
* GED:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
* Circle the highest grade completed in school:	1 2 3 4 5 6 7 8 9 10 11 12
* If applicable, circle the highest number of years of college <u>completed</u> :	1 2 3 4
* If applicable, circle the highest number of <u>graduate school completed</u> :	1 2 3 4

	Name of School	Location	Diploma/Degree	Major	Graduate
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational Training					<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University					<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University					<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School					<input type="checkbox"/> Yes <input type="checkbox"/> No

Skills
Please refer to the Job Announcement for the minimum education and experience requirements for this position and... TELL US HOW YOU QUALIFY FOR THIS JOB
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

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	

<p>How many words per minute can you type? _____ wpm.</p> <p>Have you ever been denied or had a professional license or certification revoked for the position for which you are applying?</p> <p><input type="checkbox"/> No or <input type="checkbox"/> Yes, Please Explain: _____</p>
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Employment History

Please provide Information for the last three jobs you have held, or job information 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 Number:	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 Number:	Supervisor Name & Title:	
Your Job Title:	Salary:	Full Time Part Time
From: (mm/yr) To: (mm/yr)	Duties:	
Reason for Leaving:		

3.

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

4.

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

Work References

List three (3) persons not related to you and who have a definite knowledge of your skills and qualifications as related to the position for which you are applying. **At least one of them must be a current or former supervisor.**

If you are applying for a supervisory position: One reference must be a superior, one must be a peer and one must be a subordinate who reported to you.

NOTE: Only work references will be accepted.

NAME	OCCUPATION	ADDRESS & TELEPHONE NUMBER
1.		
2.		
3.		

Please Read The Following Carefully Before Signing This Application

The Puyallup Tribe of Indians does not discriminate on the basis of sex, age, color, religion, marital status, national origin, disability or 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 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 as requested in the job announcement has been submitted.

Applicant's Signature

Date