## **Application Requirements**

- 1. **Applications must be completely filled out and signed**. Please do not leave any portion blank, and do not write "see resume" on your application.
- 2. If the position requires a driver's license, a copy of your valid license will be required.
- 3. Applications are kept on file for 12 months. If you see a position advertised of which you meet the qualifications, you can contact Misty Schmidt at or 360-276-8211 ext. 577 to request your application be submitted for the position. New applications must be completed after 12 months.
- 4. If selected for an interview, references listed, and past or previous supervisors may be contacted for a reference check.
- 5. Please include all information on trainings, skills, education, and prior work experience that pertains to the position you are applying for.
- 6. <u>Please attach a resume to show your complete work history and education.</u>
- 7. Applications must be received by the closing date of the position you are applying for in order to be considered.
- 8. Applications can be faxed to (360) 276-4191, or e-mailed to jobs@quinault.org.

## \*\*Please remember to send the following:

- 1. Signed application
- 2. Résumé
- 3. Copies of certifications
- 4. Any other documents you want to submit with your application



## QUINAULT INDIAN NATION APPLICATION FOR EMPLOYMENT

P.O. BOX 189 Taholah, WA 98587 Phone 360/276-8211 Fax 360/276-4191

Email: jobs@quinault.org

WATTON		DATE	
Name:	Soc. Sec.	#	
Address: Physical	P.O. Box	City	State Zip
	Cell Phone#	E-mail	
			_
Valid Driver's License No.	E	Expiration Date:	
PERSONAL INFORMATION: Please help to questions. Your responses will be a matter that are preceded by an asterisk* insert N/A	of confidential record. If you do	not wish to answer	any of the lines below
Are you over the age of 21? Yes	No (if not, hire is subject to	o verification of minii	num legal age)
*Birth date: Heigh	weight	Gen	der
Are you an enrolled American Indian?	Yes No Tribe:		
Enrollment Number	Are you supporting a Quinault	t Member? Ye	es No
Ethnic Affiliation: Other Indian	Caucasian Other Min	nority	
Do you have any physical handicaps that pre	eclude you from performing certai	in kinds of work?	Yes No
If yes, please describe work limitations?			
Have you been convicted of a crime in the p  Yes No If yes, describe i	n full:		
Are you legally able to work in this country?	(Proof of status will be required	if hired) Yes	S No
EMPLOYMENT DESIRED:			
# 1 Choice			
# 2 Choice			

If part time, s	specify Days/Hours you can wo	ork:			
Salary Desire	d:		Date you can sta	rt:	
Have you eve	er been employed by the Quina	ault Indian Nation?	Yes	No	
If yes, when	and in what capacity:				
List name and	d relationship of any relative n	ow working for us:			
EDUCATION	I AND TRAINING	] [			
Are you prese	ently attending school?	Yes No	Full t	ime Part	time
If yes, please	describe course of studies				
	If more space is needed	to outline educational ba			
School	If more space is needed  Name/Address	to outline educational ba	ckground, pleas <b>Did You</b> <b>Graduate</b>	e use another she Year Graduated	et. Diploma/Degree Type
School High School			Did You	Year	Diploma/Degree
			Did You	Year	Diploma/Degree
High School			Did You	Year	Diploma/Degree
High School GED			Did You	Year	Diploma/Degree
High School  GED  Associates			Did You	Year	Diploma/Degree
High School  GED  Associates  Bachelor's			Did You	Year	Diploma/Degree

**EMPLOYMENT HISTORY:** Begin with your last/most current job. If you do not want us to contact an employer listed below, please write **DO NOT CONTACT** on the line for Reason for Leaving. Please <u>fill out this part completely</u>, include all information pertinent to the position(s) for which you are applying. **Do not write**, <u>"see résumé" as an incomplete application packet may disqualify you from consideration.</u>

Employer:	Phone #:	Supervisor:	
Address:	City, State, Zip:	Salary:	
Job Title:	From:	То:	
Reason For Leaving:			
Job Duties:			
ob 2			
Employer:	Phone #:	Supervisor:	
Address:	City, State, Zip:	Salary:	
Job Title:	From:	То:	
Reason For Leaving:			
Job Duties:			
ob 3			
Employer:	Phone #:	Supervisor:	
Address:	City, State, Zip:	Salary:	
Job Title:	From:	То:	
Reason For Leaving:			
lob Duties:			

Please also submit a résumé and any certifications that are required for the position that you are applying for with your application.

MILITARY SERVICE RECORD: Were you in the U.S. Armed Forces?  Yes  No If yes, what Branch?  Rank at Discharge  Dates: From:  Type of Discharge: List duties in the service and any special training:	To:
Vere you in the U.S. Armed Forces?  Yes  No If yes, what Branch?  Dates: From:  Type of Discharge:  ist duties in the service and any special training:	To:
Type of Discharge: ist duties in the service and any special training:	То:
ist duties in the service and any special training:	
FERENCES: List three (3) persons who have definite knowledge of your skills and quition for which you are applying. Please do not include relatives, former employers of this application form as they will also be contacted as a reference. Individuals below	or supervisors already listed
Name Email Address	Phone Number
<b>PLOYMENT AGREEMENT:</b> I hereby affirm that all answers and statements contain true and complete to the best of my knowledge. I authorize the Quinault Indian National Statements. I understand that any misrepresentation or omission of material facts ployment or cancellation of my application. I agree to complete all papers and example the job for which I am applying. I understand that if I am hired, my employment in Nation Personnel Policies and Procedures Manual.	ation to officially investigate is cause for dismissal from hinations as may be required
Date: Signature:	

Indian Preference will be practiced

Quinault Indian Nation is a Drug Free Workplace

~COMPLETE SIGNED APPLICATION CAN BE FAXED, E-MAILED, OR MAILED~

The following information is required by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity	Hispanic or Latino Not Hispanic or Latino
Race	American Indian/Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander White
Sex	Male Female

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Administrator, USDA, Rural Development, Washington D.C. 20250-0700.

Este programa es de oportunidad igualada. Discriminacion es porhibido por la ley Federal. Quejas de discriminacion pueden ser registradas con el Administrador, USDA, Rural Development, Washington D.C. 20250-0700.