



# Puyallup Tribe of Indians

APPLICATION FOR EMPLOYMENT AND/OR PROGRAM SERVICES

3009 E Portland Ave., Tacoma, WA 98404 PH: (253)-573-7800

Please indicate from the following:

<p><b>Puyallup Tribe of Indians - Administration</b> APPLICATION FOR EMPLOYMENT <i>Must be accepted in HR by 5:00 PM on the closing date.</i> PH: (253)-573-7863 FAX: (253)-573-7963</p> <input type="checkbox"/>	<p><b>Work Force Development – W.F.D.</b> APPLICATION FOR SERVICES <i>Puyallup Tribal Members Only</i> PH: (253)-573-7857 FAX: (253)-573-7815</p> <input type="checkbox"/>	<p><b>Tribal Employment Rights Office – T.E.R.O.</b> APPLICATION FOR SERVICES <i>Native American applicants only.</i> PH: (253)-573-7846 FAX: (253)-680-5997</p> <input type="checkbox"/>
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**Note: An incomplete application for employment and/or program services cannot be processed until completed.**

PERSONAL INFORMATION		
Name:		Date:
Home Address:	Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Eligibility requires U.S. Citizenship, Visa or Green Card.	
City, State, Zip:	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	
Home Phone:	Business Phone:	Message Phone:
Email Address:		

INDIAN PREFERENCE		
To comply with the Tribe's Indian Preference requirement, a copy of your proof of enrollment <b>MUST BE</b> 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)	Enrollment #: (required)
<b>NOTE:</b> If You Are the Spouse of a Puyallup Tribal Member, Copies of your Spouse's Tribal Identification Card <b>MUST BE</b> Submitted with Your Application.		

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 yes, where you have worked: _____ Job title _____
Dates of employment: From (mm/yy) _____ To (mm/yy) _____ From (mm/yy) _____ To (mm/yy) _____	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what branch of service?

## EDUCATION

	Name of School	Diploma/Degree	Major	Graduate?	If you did not graduate, # of credits completed
High School/GED				<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	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Apprenticeship Program				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## SKILLS

Please list any additional information you believe will be helpful in determining your job skill level or how you would qualify for the job for which you are applying. Refer to the Job Announcement for the minimum education and experience requirements for this position and **TELL US HOW YOU QUALIFY FOR THIS JOB**


## COMPUTER SKILLS

List all computer software programs with which you have experience and indicate your degree of proficiency:

Software Program	Proficiency	Comments
Word	<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	

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?  No    Yes, explain: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please provide information on your employment history, 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 #:		Supervisor Name & Title:	
Your Job Title:		Salary:	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>
From: (mm/yy)	To: (mm/yy)	Duties:	
Reason For leaving:			

2.

Employer Name, Address & Phone #:		Supervisor Name & Title:	
Your Job Title:		Salary:	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>
From: (mm/yy)	To: (mm/yy)	Duties:	
Reason For leaving:			

3.

Employer Name, Address & Phone #:		Supervisor Name & Title:	
Your Job Title:		Salary:	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>
From: (mm/yy)	To: (mm/yy)	Duties:	
Reason For leaving:			

4.

Employer Name, Address & Phone #:		Supervisor Name & Title:	
Your Job Title:		Salary:	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>
From: (mm/yy)	To: (mm/yy)	Duties:	
Reason For leaving:			

## REFERENCES

List three (3) persons **not related** to you and who have definite knowledge of your work skills and qualifications as related to the position for which you are applying. **At least one (1) of them must be a current or former supervisor.**

Name:	Occupation:	Telephone Number & Email Address:
1.		
2.		
3.		

### PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

Native American preference applies and job placements are given on a competitive basis, using job related factors. Because of the large number of applications received and limited job positions, your application will not guarantee employment.

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 and/or program services, 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 any and all information regarding my previous employment. I release all previous employers/supervisors from liability for any damages that may result from furnishing information to the Puyallup Tribe of Indians.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PUYALLUP TRIBE OF INDIANS**  
**GRANDVIEW EARLY LEARNING CENTER**  
**Questions to be Answered by Potential Employees**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Tell us about yourself, including goals, direction motivations, etc.

2. Tell us about your most recent employment experience.

a) What I liked most:

b) What I liked least:

3. What aspects of childcare are most...

a) interesting to you?

b) most rewarding?

c) most difficult?



11. Describe two experiences necessary to enhance a child's growth and development.

12. Describe a three year-old child's "typical" day in your care:

13. How do you handle transactions such as...

a) Nap time?

b) Lunch time?

c) Bathroom breaks?

14. What types of discipline for a five year old would differ from that of a three year old?

15. Please complete the following:

a) A child feels unhappy when...

b) Teachers need...

a) Children are wonderful, but...

16. Please tell us what you would do in the following situations:

- a) If a four year-old girl spends most of the day wandering around with her thumb in her mouth, not participating in play activities.
  
  
  
  
  
  
  
  
  
  
- b) A parent brings a child over a three-week period with bruises on shins and upper arms. The child is fussy on arrival and departure.
  
  
  
  
  
  
  
  
  
  
- c) In the restroom, two pre-kindergarten children are "playing doctor."
  
  
  
  
  
  
  
  
  
  
- d) The mother of a three year old insists her child can be taught letters and numbers.
  
  
  
  
  
  
  
  
  
  
- e) A person professing to be a child's grandmother comes in the yard to get the child without any prior notification. She becomes outwardly angry at being detained.
  
  
  
  
  
  
  
  
  
  
- f) An honoring ceremony is going to be held at the center. Sage will be burned during the ceremony. A three year old has asthma; what action will you take?
  
  
  
  
  
  
  
  
  
  
- g) For the honoring ceremony, a family does not want their child to participate because this is not part of their cultural belief; what do you do?