

# APPLICATION FOR EMPLOYMENT 2018 CANOE JOURNEY

## 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                           |
| 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 <b><u>MUST BE</u></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) |                          |

### POSITION(S) APPLYING FOR [PLEASE SELECT TOP 2 OR 3]

|                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Lead Cook <input type="checkbox"/> Line Cook <input type="checkbox"/> Line Runner <input type="checkbox"/> Dishwasher <input type="checkbox"/> Beverage Attendant <input type="checkbox"/> Fry Bread Cook<br><input type="checkbox"/> Certified Flagger <input type="checkbox"/> Casual Labor/Cleaning Crew <input type="checkbox"/> Security <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Please check if you are willing to be considered for on-call work<br><input type="checkbox"/> Please check if you are willing to work any shift assigned (days, evenings, graveyard, weekends)<br><input type="checkbox"/> Preferred shift _____                                                                                                                                   |
| Background release is also required for these positions. Please complete attached form.                                                                                                                                                                                                                                                                                                                     |

### EXPERIENCE

Please add any additional information that will be helpful in determining your job skill level. For example: tell us how much and what type of restaurant, cooking, security, casual labor, or other work experience you have.

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**CERTIFICATIONS**

Please check if you have a current valid Food Handler's Permit.  
 Please check if you have completed Safe Service Training and have a current certification.  
 Please check if you are a certified Flagger.  
 Other training or certification we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Are you currently employed at a Puyallup Tribal Entity?  Yes  No  
If you answered yes, which Entity: \_\_\_\_\_

**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

## DISCLOSURE AND AUTHORIZATION FORM

The Puyallup Tribe of Indians (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your employment application (including independent contractor assignments, as applicable). These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or contract period.

Intelius Screening Solutions LLC, a consumer reporting agency, will obtain the report for the Company. Intelius Screening Solutions is located at 19800 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (866) 338-6739.

The report may contain information bearing on your character, general reputation, personal characteristics and mode of living. The types of information that may be obtained include, but are not limited to: *social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks*. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

## AUTHORIZATION

I have carefully read and understand this disclosure and authorization form. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by Intelius Screening Solutions LLC, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

***Please print legibly***

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name (First) \_\_\_\_\_

(Middle) \_\_\_\_\_

(Last) \_\_\_\_\_

Maiden Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

ST \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License/ID #: \_\_\_\_\_

State of Issue: \_\_\_\_\_

This information is being collected to conduct the background screen on you. It will not be used or shared for any other purpose.