



**Lower Elwha Klallam Tribe**

2851 Lower Elwha Road  
Port Angeles, WA 98363  
(360) 452-8471  
Fax (360) 452-3428

**Application for Employment**  
(Please Print or Type Clearly)

Date: _____		
Name: _____	Telephone No. (____) _____	-- _____
(Last)	(First)	(Middle)
Present Address: _____		
Cell/Message No. (____) _____		
-- _____		
(City)	(State)	(Zip)

Are you legally eligible for employment in the U.S.A.?  Yes  No (If "yes" verification will be required)

Position Applying For: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Have you Ever been employed by the Lower Elwha Klallam Tribe before?  Yes  No

(If "yes" give dates and titles)

Title: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
MO./YR. MO./YR.

Title: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
MO./YR. MO./YR.

Have you ever been convicted of a felony?  Yes  No If "Yes" list year and offense \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of eligibility to work?  Yes  No

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

List any other experiences, skills or qualifications which will be of special benefit in the job for which you are applying  
(Do not list any information that Federal and/or State law precludes obtaining in the pre-employment stage).

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## RECORD OF EDUCATION

NAME AND ADDRESS OF SCHOOL		COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL/ G.E.D.			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_

Describe any honors you have received: \_\_\_\_\_

Please fully complete this application. **DO NOT WRITE "SEE RESUME"**. However, a resume may be submitted as a supplement, but may not be used in place of requested information.  
Attach resume to completed application.

## EMPLOYMENT HISTORY

(Begin with your most recent employer)

1. Name of Company \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Months/Years Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Average Hours Per Week: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_

2. Name of Company \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Months/Years Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Average Hours Per Week: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_

## EMPLOYMENT HISTORY (Continued)

3. Name of Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_  
Months/Years Employed From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_ Average Hours Per Week: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If there is a particular employer(s), you do not wish us to contact, please indicate which one(s).

\_\_\_\_\_

## PERSONAL REFERENCES

(Not Former Supervisors or Relatives)

- Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## APPLICANT

PLEASE READ CAREFULLY BEFORE YOU SIGN ON THE LINE PROVIDED

I hereby give my permission to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the Tribe any letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release the Lower Elwha Klallam Tribe, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# INDIAN PREFERENCE POLICY

In accordance with 42 USC Sec. 2000e2(i), 42 USC (Definition-Indian), and 42 USC (Definition Native) whenever reasonable Lower Elwha Klallam Tribe will hire in the following order of priority:

1. Lower Elwha Klallam Tribal Members
2. Other Enrolled Indians or Alaska Natives
3. Descendants of the Lower Elwha Klallam Tribe
4. Non-Indian Applicant

If you wish to claim Indian Preference, check one:

- I am an Enrolled Lower Elwha Klallam Tribal member. My Tribal Number is \_\_\_\_\_
- I am enrolled with \_\_\_\_\_ Tribe. My Roll Number is \_\_\_\_\_
- I am a Lower Elwha Klallam Tribal Descendant, not enrolled. I am a descendant of \_\_\_\_\_

## CERTIFICATION

### YOU MUST SIGN THIS APPLICATION READ CAREFULLY BEFORE YOU SIGN!

I certify that, to the best of my knowledge, all of my statements are true, correct, complete and made in good faith. I understand that any false statement on this application may result in my not being hired, or in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I consent to the release of information concerning my personal history that I have listed on this application. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I release any person, firm, or institution from all liability from any damage for issuing such information. I acknowledge that the Tribe requires a Pre-Employment Drug Test in accordance with Tribal Policies and Procedures.

Signature of Applicant \_\_\_\_\_

## THE FOLLOWING FOR PERSONNEL USE ONLY

1. Position(s) Applied for is Open  Yes  No
2. Applicant Eligible For Hire In This Position  Yes  No
3. If 2. is No, Letter of Explanation Sent on \_\_\_\_\_.
4. Position(s) Considered For: \_\_\_\_\_

5. Reference Checks Sent:  Yes  No

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

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