



# APPLICATION FOR EMPLOYMENT

Skokomish Indian Tribal Enterprises  
19330 North Highway 101  
Skokomish Nation, WA 98584  
360 – 877 – 5656 ext. 209  
360 – 877 – 2803 (Fax)

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Check the appropriate boxes below:

Position you are applying for: \_\_\_\_\_

Twin Totems Grocery and Deli

Must be 21 years of age or older

Waterfront at Potlatch

Other SITE Enterprises

Must be 18 years of age or older

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

Telephone No. ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Days/hours available to work:

Employment Desired:

Any \_\_\_\_\_ Thursday \_\_\_\_\_

\_\_\_\_\_ FULL-TIME ONLY

Monday \_\_\_\_\_ Friday \_\_\_\_\_

\_\_\_\_\_ PART-TIME ONLY

Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_

\_\_\_\_\_ SEASONAL

Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_

\_\_\_\_\_ ANY

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION<br>(Complete mailing address) | YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|--|-----------------|----------------|
| High School          |                |  |                 |                |
| College              |                |  |                 |                |
| Bus. or Trade School |                |  |                 |                |
| Professional School  |                |  |                 |                |

Have you ever been convicted of a crime? \_\_\_ No \_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

Driver's license Number \_\_\_\_\_

State of issue \_\_\_\_\_ Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_ Expiration date \_\_\_\_\_

Any automobile accidents during the past three years? \_\_\_ Any driving citations during the past three years? \_\_\_

How Many? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**MILITARY**

Have you ever been in the Armed services? \_\_\_ Yes \_\_\_ No

Are you a member of the National Guard? \_\_\_ Yes \_\_\_ No

Date Entered \_\_\_\_\_ Type and Date of Discharge \_\_\_\_\_

Have you ever worked for any SITE Enterprise before? If so please list the Enterprise, employment dates and reason for leaving.

| Name of Employer _____      | Name of last supervisor | Employment dates | Pay or salary |
|-----------------------------|-------------------------|------------------|---------------|
| Address _____               |                         | From:            | Start:        |
| City, State, Zip Code _____ |                         | To:              | Final:        |
| Phone Number _____          | Your last job title:    |                  |               |

Reason for leaving:

List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company.

|                             |                         |                  |               |
|-----------------------------|-------------------------|------------------|---------------|
| Name of Employer _____      | Name of last supervisor | Employment dates | Pay or salary |
| Address _____               |                         | From:            | Start:        |
| City, State, Zip Code _____ |                         | To:              | Final:        |
| Phone Number _____          | Your last job title:    |                  |               |

Reason for leaving:

List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company.

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|-----------------------------|-------------------------|------------------|---------------|
| Name of Employer _____      | Name of last supervisor | Employment dates | Pay or salary |
| Address _____               |                         | From:            | Start:        |
| City, State, Zip Code _____ |                         | To:              | Final:        |
| Phone Number _____          | Your last job title:    |                  |               |

Reason for leaving:

List the jobs you held, duties performed, skills used or learned and advancements or promotions while you worked at this company.

May we contact your present employer?  Yes  No

Are you an enrolled Skokomish Tribal member?  Yes  No If yes, enrollment No. \_\_\_\_\_

Are you an enrolled member of a Federally Recognized Tribe?  Yes  No If yes, provide the enrollment number and Tribe \_\_\_\_\_

**PREFERENCE**

Indian Preference applies to this position:

- First preference will be given to qualified, enrolled Skokomish Tribal members.
- Second preference will be given to qualified Native American applicants who provide proof of enrollment in a Federally Recognized Tribe.
- Third preference will be given to Non-Indian.

Applicants not entitled to, or who fail to claim Indian Preference, will receive consideration without regard to ethnic/national origin, marital status, sexual orientation, religion, disability status, or membership in the tribal organization.

**DRUG-FREE WORKPLACE**

The Skokomish Indian Tribal Enterprises are committed to providing quality work and service by providing a healthy, safe, drug-free workplace for its employees, Tribal Council members, and the community which it serves. To achieve this goal, final applicants for employment will be tested for illegal drugs and alcohol after receiving a conditional job offer.

**DATE AND SIGNATURE**

All answers and statements are true and completed to the best of my knowledge. Furthermore, I hereby give the Skokomish Indian Tribal Enterprises permission to verify all information and references on this application. I understand that misrepresentation or omission of facts called hereon will be a sufficient cause for cancellation of consideration for employment or dismissal from the organization if I have been employed.

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

To apply:

Contact Human Resources, (360) 877-5656 x 209, or  
online @ [Skokomishenterprises.org](http://Skokomishenterprises.org) and download a SITE application.

Completed applications can be mailed or dropped off; Attn. HR, SITE 19330 North Highway 101 Shelton, WA 98584.

Applications must be postmarked on or before the closing date listed on the job announcement.