



**The Nooksack Indian Tribal Administration
And the Business of the Nooksack Indian Tribe**



5016 Deming Rd. ♦ P.O. Box 157 ♦ Deming, WA. 98244
Administration (360)592-5176 ♦ Casino (360) 592-5472

APPLICATION FOR EMPLOYMENT

All applicants are considered on the basis of their ability to perform the job functions without regard to individual race, religion, color, sex, age, national origin, any physical disability, marital or veteran status, sexual orientation, or any other condition covered by applicable laws. It is our intention that all applicants be given equal opportunity and that selection decisions be based on job-related factors. The Nooksack Tribe does offer Indian Preference

PLEASE NOTE: The information contained in this employment application is the property of the Nooksack Indian Tribe. This application is **VALID FOR 90 DAYS**. If you have any questions, or need assistance, please ask.

PERSONAL INFORMATION

Today's Date: _____

Last Name:		First Name:		Middle Initial:
Any other names used by you for employment or educational purposes:				
Street Address:				
City:		State:		Zip:
Telephone Number(s):			E-mail Address:	

Are you 18 years of age or more? Yes No

If hired, can you provide identification that establishes your legal right to work in the U.S.? Yes No

Are you a enrolled member of the Nooksack Indian Tribe..... Yes No

Are you an enrolled member of a Federally Recognized Indian Tribe/Nation? Yes No

If yes, which Tribe/Nation: _____

(You must provide official enrollment verification, in order to qualify for Native Preference. Attach a copy of enrollment card/verification to this application in order to receive preference in the selection process).

Are you married to an enrolled Nooksack Tribal Member? Yes No

Have you ever been employed by the Nooksack Indian Tribe or any of its businesses?..... Yes No

Please list any persons related to you by blood, marriage, or with whom you cohabitate and are employed by the Nooksack Indian Tribe: _____

EMPLOYMENT DESIRED: POSITION APPLIED FOR

1st Choice: _____ 2nd Choice: _____

Desired rate of pay (per hour): \$ _____

Type of work desired: Full time Part time Temporary On Call

ADDITIONAL INFORMATION

If hired for a position that requires the operation of Nooksack vehicle, can you provide a valid and current driver's license and a motor vehicles department record? Yes No

Have you ever been arrested or convicted of a crime (including a misdemeanor)? Yes No

If yes, explain here. Please note dates and dispositions. A yes answer will not necessarily disqualify you from employment_____

Describe any special skills, training, apprenticeships, or activities that you feel qualifies you for the position:

Please indicate which software you have experience with and level of experience (check all that apply)

	Beginner	Intermediate	Expert
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

Type of School	Name and State	Years Completed	Graduated Y/N
High School			
Vocational/Trade			
Accredited College/University			
Type of Degree Obtained: <input type="checkbox"/> Associates <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD <input type="checkbox"/> Other _____			What is your Degree in?

REFERENCES

List the names, contact information for **three Professional References** who have knowledge of your job experience and abilities:

Name	Occupation	Telephone #	Fax # or Email Address

EMPLOYMENT HISTORY

List employment record for the last six jobs (cover at least the last **ten** years) starting with your most recent position; include military service, part-time work, and summer jobs. List all promotions with each job. **PLEASE NOTE** and explain any periods of unemployment of over **one** month on the back of this application form. Please complete this section even if you are attaching a resume.

Can Nooksack Indian Tribal HR Department contact your present employer?..... Yes No

Company Name: _____	Position(s) held: _____
Address: _____	City: _____ State: _____
Zip Code: _____	Telephone Number(s): _____
Job Duties: _____	
Dates of employment (month/year) From: _____	To: _____
Immediate Supervisor: _____	Reason for Leaving: _____
Beginning salary: \$ _____ per: _____	Ending salary: \$ _____ per: _____

Company Name: _____	Position(s) held: _____
Address: _____	City: _____ State: _____
Zip Code: _____	Telephone Number(s): _____
Job Duties: _____	
Dates of employment (month/year) From: _____	To: _____
Immediate Supervisor: _____	Reason for Leaving: _____
Beginning salary: \$ _____ per: _____	Ending salary: \$ _____ per: _____

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Address: _____	City: _____ State: _____
Zip Code: _____	Telephone Number(s): _____
Job Duties: _____	
Dates of employment (month/year) From: _____	To: _____
Immediate Supervisor: _____	Reason for Leaving: _____
Beginning salary: \$ _____ per: _____	Ending salary: \$ _____ per: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

With a signature below, the applicant acknowledges the following:

Truthfulness: The applicant hereby states that the information contained in this application is true, correct and complete to the best of his/her knowledge. The applicant understands that falsification, omission, or misrepresentation of information on this application or any subsequent request for information made by the Nooksack Indian Tribe or its agents (hereafter referred to as NIT) are grounds for withdrawal of the offer of employment and/or disciplinary action up to and including the possible termination of employment.

Background Check: The applicant hereby authorizes NIT to conduct a routine inquiry during NIT’s initial and subsequent processing of this application form that will provide NIT with applicable information concerning the applicant’s character, general reputation, personal characteristics, job history, and any other information that is determined by NIT to be necessary to determine the applicant’s suitability for employment. The applicant’s signature below authorizes such inquires to be held at any time during employment with NIT should the applicant be employed by NIT.

Identification: The applicant acknowledges that and NIT policy prohibits hiring any person unless he/she presents documents which establish that person’s identity and eligible to work in the United States. The applicant acknowledges that providing such documentation is a condition of employment.

Drug Testing: The applicant acknowledges that successfully passing a drug and alcohol test is a condition of employment. The applicant also acknowledges that refusal to submit to such testing will result in the withdrawal of the offer of employment. The applicant also hereby authorizes the release of the results of any such testing to NIT.

At Will Employment: The applicant acknowledges that this application for employment in no way implies a contract for employment between the applicant and NIT. If employed by NIT, the applicant further understands that his/her employment is at will. Moreover he/she is not being employed for any specified time, and that employment is not guaranteed in any way through a contract unless defined specifically in a written agreement authorized and signed by the Government Service Executive and/or the Tribal Chairperson or designee of the Nooksack Indian Tribe and the applicant/employee.

Health Examination: The applicant is aware that some positions at NIT may require the applicant to undergo a health examination as a prerequisite for employment. The information from this examination will be utilized for the purposes of the application process.

General Release: The applicant hereby releases NIT, its agents and any person or entity that provides or receives information pursuant to the above statements from any and all liability and any damage that may arise there from.

The applicant acknowledges that the above statements in no way alter the status or rights of the Nooksack Indian Tribe.

Applicant’s Signature

Date