Samish Indian Nation

Employment Application

PERSONAL INFORMATION			
Name:			
Last	First Middle Initial		
Residence: Street	City State/Zip Code		
Mailing:	•		
(If different)	City State/Zip Code		
Telephone Number:	Email Address:		
Driver's License #:	State Issued: Expiration Date:		
Are you an enrolled tribal member	? YES \square NO \square		
If YES, what tribe:	Enrollment Number:		
Are you a descendent of or an enrolled Sa	mish Tribal Member? YES NO		
If applying for a Head Start position, plea			
were a parent involved in the Head Start	Program.		
EDUCATION			
	Name/Address Completed? Major? Degree?		
Hali Cala al CED			
Hali Cala al CED			
High School/GED	□ YES		
Hali Cala al CED	□ YES □ NO □ YES		
High School/GED College:	□ YES □ NO □ YES □ NO		
High School/GED	□ YES □ NO □ YES □ NO □ YES		
High School/GED College:	□ YES □ NO □ YES □ NO		
High School/GED College:	□ YES □ NO □ YES □ NO □ YES		
High School/GED College: Other: Indicate Licenses or Certifications:	□ YES □ NO □ YES □ NO □ YES		
High School/GED College: Other: Indicate Licenses or Certifications: Clerical Skills: Typing Speed	□ YES □ NO □ YES □ NO □ YES □ NO		
High School/GED College: Other: Indicate Licenses or Certifications: Clerical Skills: Typing Speed	□ YES □ NO □ NO □ YES □ NO		
High School/GED College: Other: Indicate Licenses or Certifications: Clerical Skills: Typing Speed	□ YES □ NO □ NO □ YES □ NO		
High School/GED College: Other: Indicate Licenses or Certifications: Clerical Skills: Typing Speed	□ YES □ NO □ NO □ YES □ NO		

EMPLOYMENT HISTORY - Begin with your most recent	nt employer. Please attach ad	ditional copies of this	page if necessary.
May we contact your current Employer: YES	\square NO \square		
Name of Employer:		Total Time on Job:	
		Hours per Week:	
Address:		From:	
			Month/Year
Supervisor's Name and Telephone Number:		T.	
Supervisor s Ivanie and Telephone Ivaniber.		To:	Month/Year
Your Title:	Reason for Leaving:		Month/ Year
Your Tiue:	Reason for Leaving.		
Duties:			
Name of Employer:		Total Time on Job:	
		Hours per Week:	
Address:		From:	
			Month/Year
Supervisor's Name and Telephone Number:		To:	
		10.	Month/Year
Your Title: Duties:	Reason for Leaving:		
Name of Employer: Address:		Total Time on Job: Hours per Week:	
Address:		From:	Month/Year
Supervisor's Name and Telephone Number:		То:	Month/Year
Your Title:	Reason for Leaving:		
Duties:			

Name of Employer:	Total Time on Job:
	Hours per Week:
Address:	From:
	Month/Yea
Supervisor's Name and Telephone Number:	То:
	Month/Yea
Your Title:	Reason for Leaving:
Outies:	
Name of Employer:	Total Time on Job:
(mine of 2215p10) e11	Hours per Week:
Address:	
iui css.	From: Month/Yea
	Month/Yea
Supervisor's Name and Telephone Number:	То:
	Month/Yea
Your Title:	Reason for Leaving:
Duties:	
Name of Employer:	Total Time on Job:
- 1	Total Time on Job: Hours per Week:
	Hours per Week:
Address:	Hours per Week: From: Month/Yea
Address:	Hours per Week: From: Month/Year To:
Address: Supervisor's Name and Telephone Number:	Hours per Week:
Address: Supervisor's Name and Telephone Number:	Hours per Week: From: Month/Year To:
Address: Supervisor's Name and Telephone Number: Your Title:	Hours per Week:
Name of Employer: Address: Supervisor's Name and Telephone Number: Your Title: Duties:	Hours per Week:
Address: Supervisor's Name and Telephone Number: Your Title:	Hours per Week:
Address: Supervisor's Name and Telephone Number: Your Title:	Hours per Week:
Address: Supervisor's Name and Telephone Number: Your Title:	Hours per Week:
Address: Supervisor's Name and Telephone Number: Your Title:	Hours per Week:

quired from	employment, education, or other experi	ience.	
	ES: - Give the names, address, and t Please include at least one reference wl		sional references who are
area to you.	Trougo includo de louge ono reference wi	no supervised your work.	
Name	Title/Position	Email Address	Telephone Number
Name	Title/Position	Email Address	Telephone Number
Name	Title/Position	Email Address	Telephone Number
Tunie	TRIOT OSHION	Email Madress	Telephone Trumber
APPLICA	TION STATEMENT:		
authorized employme for any dar	employers, education institution d to give the Samish Indian Nation and any pertinent information they mage that may result from furnishing ees from all liability for any damage	on (SIN) any and all information y may have. I release all persons or g the information to the SIN. I als	concerning my previous entities from all liability or release the SIN and a
•	nat to the best of my knowledge, all I understand that any false statemer further understand that this applicati	nt on this application may result in 1	my not being interviewe
or hired. I	nis application obligate the employer	r in any way if the employer decide	1 *
or hired. I nor does the In the even interview (so of the emp	nt of employment, I understand that is) may result in discharge. I understand that sloyer, and that my employment with ex/pre-employment urine and/or bloom	r in any way if the employer decide t false or misleading information gi tand that I am required to abide by h the Tribe is contingent upon my	es to employ me. iven in my application of all rules and regulation successful completion of