



South Puget Intertribal Planning Agency

3104 SE Old Olympic Hwy Shelton, WA 98584 | 360.426.3990 | www.spipa.org

APPLICATION FOR EMPLOYMENT

Application must be completed neatly, legible and in full. To make your packet complete please submit your cover letter and your resume along with this application. SPIPA is an Equal Opportunity Employer and does not discriminate on the basis of age, religion, sex, race, color, sexual orientation, national origin, disability, marital or veteran status or any other legally protected status. Preferential treatment in employment is given to qualified persons enrolled in federally recognized Indian Tribes or Alaska Natives, as provided by PL 93-638 January 1975 and PL 88-352, section 703, Title VIII, Civil Rights Act of 1964.

Last Name _____ First Name _____ M.I. _____

Other names used (last names) _____

Street Address _____

City State Zip

Mailing Address _____

City State Zip

Home Phone Number _____ Cell Phone Number _____ Work Number _____

Email Address _____

Are you a United States citizen or otherwise eligible for legal employment in the United States? Yes No

(if employed, proof of identity, citizenship, or legal right to work in the U.S. will be required after hire.)

Are you at least 18 years of age? Yes No

Are you able to perform the essential functions of the position applied for with or without accommodation? Yes No

If applying for a position that requires one, do you have a valid WA State driver's license? Yes No

Do you have any relatives or friends currently employed here? Yes No

(If yes, please provide name(s) and relationship(s) _____

Are you an enrolled member of SPIPA consortium tribes? Yes Tribe _____ No

Are you an enrolled member of a federally recognized Indian Tribe or Alaskan Native? Yes Tribe _____ No

Referred by: Newspaper Employee Friend www. Social media Other

Please specify referral source _____

EDUCATION

High School graduate or GED certificate Yes No

College(s) any, including Business/Vocational/Other:

_____ Dates attended _____ Degree/Area of Study _____

Name _____ Begin Year/End Year _____

College(s) any, including Business/Vocational/Other:

_____ Dates attended _____ Degree/Area of Study _____

Name _____ Begin Year/End Year _____

Additional training, education or certificates that are related to the position for which you are applying:

List additional skills that are related to the position for which you are applying, such as computer skills, clerical skills, specialized skills and any other qualifications.

EMPLOYMENT HISTORY Please start with your present position. Account for all periods of time, including military service, volunteer experience and any periods of unemployment. If self-employed, give firm name and supply business references.

Employer _____ Phone _____

Address _____ City _____ State ____ Zip _____

Employed from: _____ to _____ Rate of Pay _____

Your job title _____ Your supervisor _____

Your job duties and responsibilities:

Reason for leaving _____

May we contact your present employer at this time? Yes No If not now, specify when we may _____

Employer _____ Phone _____

Address _____ City _____ State ____ Zip _____

Employed from: _____ to _____ Rate of Pay _____

Your job title _____ Your supervisor _____

Your job duties and responsibilities:

Reason for leaving:

Employer _____ Phone _____

Address _____ City _____ State ____ Zip _____

Employed from: _____ to _____ Rate of Pay _____

Your job title _____ Your supervisor _____

Your job duties and responsibilities:

Reason for leaving:

Employer _____ Phone _____

Address _____ City _____ State ____ Zip _____

Employed from: _____ to _____ Rate of Pay _____

Your job title _____ Your supervisor _____

Your job duties and responsibilities _____

Reason for leaving:

REFERENCES

List name and telephone number of business/work references that are not related to you, who have knowledge of your character and abilities.

Name _____ Business/Company Name _____

Relationship _____ Years Known _____ Phone Number _____

Name _____ Business/Company Name _____

Relationship _____ Years Known _____ Phone Number _____

Name _____ Business/Company Name _____

Relationship _____ Years Known _____ Phone Number _____

Applicant's Acknowledgement, Authorization and Consent – Please read carefully before signing.

- I certify that all of the information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said application will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.
- I understand that submission of an application does not guarantee employment. I understand that no documents, policies, procedures, actions, statements of South Puget Intertribal Planning Agency or its representatives used during the employment process is deemed a contract of employment real or implied.
- I understand that if employed by South Puget Intertribal Planning Agency, I agree to conform to the rules, regulations, policies and procedures of the Agency at all times and further understand that obedience is a condition of employment.
- I understand that if offered a position with South Puget Intertribal Planning Agency, I will be required to submit to a pre-employment drug screening and background investigation as a condition of employment. I understand this background investigation may include any lawful investigation of my educational background and criminal, driving, credit and

employment histories. I consent to such a background investigation. I further consent to a pre-employment drug screen. I understand that if South Puget Intertribal Planning Agency considers the background investigation or the drug screen results unfavorable, I agree that South Puget Intertribal Planning Agency may deny me the position or discharge me from employment.

▪ I hereby authorize any and all schools, including colleges/business/vocational/others, former employers, references, courts and any others who have information about me to provide such information to South Puget Intertribal Planning Agency and or to any of its representatives, agents or vendors and I further release all parties involved from any and all liability for any and all damage that may result from providing such information.

▪ I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

By signing below I acknowledge that I have read, understand and agree to all the above statements.

Signature of Applicant

Date _____