

Application Requirements

1. Applications must be completely filled out. Please do not leave any portion blank, and do not write “see resume” on your application.
2. If the position requires a driver’s license, a copy of your valid license will be required.
3. Applications are kept on file for 12 months. If you see a position advertised of which you meet the qualifications, you can contact Misty Schmidt at or 360-276-8211 ext. 577 to request your application be submitted for the position. New applications must be completed after 12 months.
4. If selected for an interview, references listed, and past or previous supervisors may be contacted for a reference check.
5. **Please include all information on trainings, skills, education, and prior work experience that pertains to the position you are applying for.**
6. **Please attach a resume to show your complete work history and education.**
7. Applications must be received by the closing date of the position you are applying for in order to be considered.
8. **Applications can be faxed to (360) 276-4191, or e-mailed to jobs@quinault.org. The signed original application still needs to be mailed even though you may have faxed or e-mailed it.**

****Applications will be screened to verify applicants meet the job description requirements of each position for which the application was submitted for consideration*****

****Please remember to send the following:**

1. Signed original application
2. Résumé
3. Copies of certifications
4. Any other documents you want to submit with your application



QUINAULT INDIAN NATION APPLICATION FOR EMPLOYMENT

P.O. BOX 189 Taholah, WA 98587
Phone 360/276-8211 Fax 360/276-4191
Email: jobs@quinault.org

DATE

Name:

Soc. Sec. #

Address:

Physical

P.O. Box

City

State

Zip

Home Phone#

Cell Phone#

Message#

Valid Driver's License No.

Expiration Date:

PERSONAL INFORMATION: Please help us to make a fair appraisal of your qualifications, by answering the following questions. Your responses will be a matter of confidential record. If you do not wish to answer any of the lines below that are preceded by an asterisk* insert N/A

Are you over the age of 21? Yes No (if not, hire is subject to verification of minimum legal age)

*Birth date:

Height

Weight

Gender

Are you an enrolled American Indian? Yes No

Tribe:

Enrollment Number

Are you supporting a Quinault Member? Yes No

Ethnic Affiliation:

Other Indian

Caucasian

Other Minority

Do you have any physical handicaps that preclude you from performing certain kinds of work?

Yes

No

If yes, please describe work limitations?

Have you been convicted of a crime in the past 10 years, excluding misdemeanors and summary offenses?

Yes

No

If yes, describe in full:

Are you legally able to work in this country? (Proof of status will be required if hired)

Yes

No

EMPLOYMENT DESIRED:

1 Choice

2 Choice

If part time, specify Days/Hours you can work:

Salary Desired:

Date you can start:

Have you ever been employed by the Quinault Indian Nation?

Yes

No

If yes, when and in what capacity:

List name and relationship of any relative now working for us:

EDUCATION AND TRAINING

Are you presently attending school?

Yes

No

Full time

Part time

If yes, please describe course of studies

If more space is needed to outline educational background, please use another sheet.

School	Name/Address	Course of Study	Circle Year Completed	Did You Graduate	Year Graduated	Diploma/Degree
High School			9 10 11 12			
GED						
College Prof. Trade School			1 2 3 4 Associates Bachelor's Master's Doctorate			
Seminars Training						

EMPLOYMENT HISTORY: Begin with your last/most current job. If you do not want us to contact an employer listed below, please write **DO NOT CONTACT** on the line for Reason for Leaving. Please fill out this part **completely**, include all information pertinent to the position(s) for which you are applying. **Do not write, "see résumé" as an incomplete application packet may disqualify you from consideration.**

Last/Most Current Job		
Employer:	Phone #:	Supervisor:
Address:	City, State, Zip:	Salary:
Job Title:	From:	To:
Reason For Leaving:		
Job Duties:		
Job 2		
Employer:	Phone #:	Supervisor:
Address:	City, State, Zip:	Salary:
Job Title:	From:	To:
Reason For Leaving:		
Job Duties:		
Job 3		
Employer:	Phone #:	Supervisor:
Address:	City, State, Zip:	Salary:
Job Title:	From:	To:
Reason For Leaving:		
Job Duties:		

Please also submit a résumé and any certifications that are required for the position that you are applying for with your application.

ADDITIONAL INFORMATION: List any additional information relating to skills, qualifications, computer knowledge, you feel may be helpful to us in considering your application:

MILITARY SERVICE RECORD: Were you in the U.S. Armed Forces? Yes No If yes, what Branch?

Rank at Discharge Dates: From: To:

Type of Discharge:

List duties in the service and any special training:

REFERENCES: List three (3) persons who have definite knowledge of your skills and qualifications as related to the position for which you are applying. Please do not include relatives, former employers or supervisors already listed on this application form as they will also be contacted as a reference. Individuals below will be contacted by QIN Personnel Staff:

Name	Email Address	Phone Number

EMPLOYMENT AGREEMENT: I hereby affirm that all answers and statements contained in this application form are true and complete to the best of my knowledge. I authorize the Quinault Indian Nation to officially investigate any statements. I understand that any misrepresentation or omission of material facts is cause for dismissal from employment or cancellation of my application. I agree to complete all papers and examinations as may be required for the job for which I am applying. I understand that if I am hired, my employment is subject to the Quinault Indian Nation Personnel Policies and Procedures Manual.

Date: **Signature:**

Thank you for completing this application and for your interest in employment with us.
Indian Preference will be practiced

Quinault Indian Nation is a Drug Free Workplace

~APPLICATION CAN BE FAXED OR E-MAILED, PRIOR TO MAILING ORIGINAL APPLICATION~

The following information is required by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity _____ Hispanic or Latino _____ Not Hispanic or Latino

Race

_____ American Indian/Alaskan Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Pacific Islander
_____ White

Sex _____ Male _____ Female

This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Administrator, USDA, Rural Development, Washington D.C. 20250-0700.

Este programa es de oportunidad igualada. Discriminacion es porhibido por la ley Federal. Quejas de discriminacion pueden ser registradas con el Administrador, USDA, Rural Development, Washington D.C. 20250-0700.