



APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY. It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on-the-job injuries, union affiliation, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

Applicant: Complete ALL information. An incomplete application may disqualify you or delay processing. You may attach a resume, but a resume cannot be substituted for a completed application. Only original applications will be considered. This application is null and void 30 days after receipt.

DATE OF APPLICATION:		APPLICATION NUMBER:	
LAST NAME:		FIRST NAME:	MIDDLE INITIAL:
STREET ADDRESS		CITY	STATE ZIP
PHONE NUMBER:		ALTERNATE PHONE NO:	EMAIL ADDRESS
POSITION APPLIED FOR :		DATE AVAILABLE:	RATE OF PAY EXPECTED:
Referred by: (check and indicate name) <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee <input type="checkbox"/> Social Media <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Other Name of Source: _____	Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____ When? _____	Are you available for work every day of the week? <input type="checkbox"/> Yes <input type="checkbox"/> No Check shifts you can work: <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating	Are you authorized to accept employment in the United States? (Successful applicants will be required to provide identity and eligibility for employment) <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No

RELATIVES/FRIENDS: Some positions may not be held by certain individuals to avoid the possibility of conflicts of interest. Qualified relatives/friends are eligible for employment except in those situations for example, where they would be placed in a supervision-subordinate relationship. Do you have relatives or friends (such as roommates) who currently work for us? Yes No
 If yes, please state his/her name :

QUALIFICATIONS: Please list ALL relevant education, training and/or specialized experience (such as degrees, certificates, schools, colleges, licenses, vocational, technical, or military experience you feel would help you perform the work for which you are applying:

_____	Where_____	When _____
_____	Where_____	When _____
_____	Where_____	When _____
_____	Where_____	When _____
_____	Where_____	When _____

CRIMINAL RECORD: (Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.) **WASHINGTON APPLICANTS:** Do not list any conviction for which the date of conviction or prison release, whichever is more recent, is more than ten years old.) **Have you ever been CONVICTED, pled GUILTY or NO CONTEST or FORFEITED BOND OR BAIL for any crime other than traffic violations?** YES NO
 If yes, give details:

DRIVING POSITIONS: If the position applied for involves driving, **have you ever been CONVICTED, pled GUILTY or NO CONTEST or FORFEITED BOND OR BAIL for any traffic violation in the past three years?** YES NO
 If yes, give details

Do you have a valid WA state drivers license? Yes No

EMPLOYMENT HISTORY List your complete employment history. If you need more space attach additional sheets.

***Start with your current or last job.**

Job Title		Employers Name and Address			
Supervisor's Name					
Supervisor's Phone #	Employer's Phone #	May we contact this employer?		Number of employees supervised by you?	
Dates Employed (Mo./Yr.) / to /		Hours per week		Last Salary \$	
Duties:					
Reason for leaving or considering change:					
Job Title		Employers Name and Address			
Supervisor's Name					
Supervisor's Phone #	Employer's Phone #	May we contact this employer?		Number of employees supervised by you?	
Dates Employed (Mo./Yr.) / to /		Hours per week:		Last Salary \$	
Duties:					
Reason for leaving or considering change:					
Job Title		Employers Name and Address			
Supervisor's Name					
Supervisor's Phone #	Employer's Phone #	May we contact this employer?		Number of employees supervised by you?	
Dates Employed (Mo./Yr.) / to /		Hours per week:		Last Salary \$	
Duties:					
Reason for leaving or considering change:					

SPECIAL SKILLS:

List activities which have provided you with experience, training or skills which you feel would be helpful in the position for which you are applying: _____

List professional trade, business, or civic activities and offices held (You may exclude memberships which would reveal gender, race, religion, national origin, ancestry, sexual orientation, disability or other legally protected status) _____

PROFESSIONAL REFERENCES:

Give the names, address, and telephone numbers of three professional references of persons, other than family members, with knowledge of your ability to perform this job:

NAME	ADDRESS	PHONE #	HOW ASSOCIATED?

VERIFICATION AND SIGNATURE:

1. I authorize the investigation of all matters which United Indians deems relevant to my qualifications for employment, including all statements made in this application and in all attachments or supporting documentation. I authorize United Indians to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release United Indians from all liability which might result from making the investigation.
2. I certify that the facts and information in this application and in my attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered. I also understand that providing information other than that requested on this application will result in the disqualification of this application.
3. I understand that I may be required to submit to employment physical or other professional examinations, medical inquires and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at United Indians expense. I authorize release of the results to United Indians and their use to evaluate my suitability for employment. I also release United Indians from all liability arising out of or connected with any examinations, inquires and/or testing.
4. I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in an employment contract. I also understand that all such agreements for other terms of employment or contract must be in writing and signed by both parties. I also understand that unless otherwise stated in an employment contract, United Indians may change, withdraw and interpret other policies (including wages, hours, and working conditions) as it deems appropriate.
5. This original application for employment will only be considered for 30 days.
6. I have read and considered each of the five statements above. I have also reviewed all of the information provided in this application and in any supporting documents or attachments that I have given for consideration for employment. YES NO

SIGNATURE OF APPLICANT _____ **DATED:** _____

Voluntary Affirmative Action Information

Name _____ Date _____

Completing this form will enable United Indians to assess the many talents and skills that are available throughout the workforce. To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential and will only be available to authorized personnel. Please review the Affirmative Action Definitions at the bottom of the page.

Are you: Male Female Date of Birth: _____

- 1) What race or culture do you consider yourself (*If you are more than one race, please specify under other race*).
Native American/Alaskan Native (what tribe?) _____

Hispanic or Latino: Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.	
Black or African American: Persons having origins in any of the black racial groups of Africa.	
American Indian or Alaskan Native: Persons having origins in the original peoples of North or South America (including Central America) who maintain cultural identification through tribal affiliation or community recognition.	
Asian: Persons having origins in the original peoples of the Far East, Southeast, Asia, the Indian subcontinent, or the Pacific Islands. These areas include Cambodia, China, Indian, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
Native Hawaiian or Other Pacific Islander: Persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Island. May include Philippine Islands or other islands.	
White or Caucasian: Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	
Two or More Races: Persons who identify with more than one of the above five races.	

- 2) Have you ever been on active duty in the U.S. Armed Services? Yes No.
 a. Duties served from _____ to _____
 b. Are you a disabled veteran? Yes (%_____) No.
- 3) Do you have physical, mental or other health conditions that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job? Yes No.

Affirmative Action Definitions

Disabilities For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental or sensory impairment, which substantially limits one or more major activities. The disability must be substantial rather than slight, and permanent in that is seldom fully corrected by medical replacement, therapy, or surgical means. Substantially limits means you are either unable to perform or are significantly restricted in performing a major life activity, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working. This confidential information is solicited and maintained for affirmative action purposes only. It should not be construed and will not be considered as a request for accommodation.

Vietnam-era Veteran A person who served on active duty for a period of more than 180 days, and was discharged or released there from with other than dishonorable discharge, if any part of such active duty occurred: (1) In Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases; or (2) was discharged or released from active duty for service-connected disability if any part of such active duty was performed; (3) in Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases."

Special Disabled Veteran A veteran who is entitled to compensation or who, but for receipt of military retirement pay, would be entitled to compensation under laws administered by the U.S. Department of Veterans Affairs for disability: (1) Rated at 30 % or more; or Rated 10 or 20 % in the case of a veteran who has been determined under 38 U.S.C 3106 to have serious employment handicap; or, (2) A person who was discharged or released from active duty for a service connected disability."