

The Consolidated Borough of Quil Ceda Village Employment Application Form

8802 27th Ave NE, Tulalip WA 98271
Office 360-716-5016
www.quilcedavillage.org/employment

Please complete and turn in to the address below before deadline to be dated and timestamped.



Quil Ceda Village
q'wəl'sidə? ʔalʔaltəd

PERSONAL DATA					
NAME	Last	First	Middle	TODAY'S DATE	
PRESENT ADDRESS	Street/Apt. No. or P.O. Box	City	State	Zip Code	TELEPHONE NUMBER
MAILING ADDRESS	Street/Apt. No. or P.O. Box	City	State	Zip Code	CELLULAR PHONE NUMBER
EMAIL ADDRESS					MESSAGE PHONE NUMBER
IN CASE OF EMERGENCY, NOTIFY (include name and address)					EMERGENCY CONTACT PHONE

EMPLOYMENT DATA			
POSITION APPLIED FOR	JOB NUMBER	DEPARTMENT	DATE YOU CAN BEGIN
TYPE OF EMPLOYMENT DESIRED	ARE YOU LAWFULLY ENTITLED TO WORK IN THE UNITED STATES?	PROOF OF LEGAL RIGHT TO WORK WILL BE REQUIRED AS A CONDITION FOR HIRE	CURRENT EMPLOYEES ONLY
<input type="checkbox"/> Full-Time <input type="checkbox"/> Emergency/On-Call <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Transfer <input type="checkbox"/> Reclassification

APPLICANT'S STATUS (please mark all appropriate boxes)
<input type="checkbox"/> Enrolled Tulalip Tribal member. List enrollment number: _____ <input type="checkbox"/> Spouse, parent/legal guardian, or child of an enrolled Tulalip Tribal member (attach proof) <input type="checkbox"/> Native American of another Federally Recognized Tribe (attach proof) <input type="checkbox"/> Spouse of a Native American of another Federally Recognized Tribe (attach proof) <input type="checkbox"/> Current employee or a Tulalip Tribal entity. List entity: _____ <input type="checkbox"/> All others

U.S. MILITARY		
HAVE YOU EVER SERVED IN THE U.S. MILITARY?	ARE YOU THE SPOUSE OF AN ACTIVE/ENLISTED MEMBER OF THE U.S. MILITARY?	BRANCH
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (please attach proof) <input type="checkbox"/> No	
DATE OF SERVICE FROM	DATE OF SERVICE TO	HONORABLE DISCHARGE?
		<input type="checkbox"/> Yes (please attach Form DD-214) <input type="checkbox"/> No

DUTIES

HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME?

No Yes. If Yes, please list name(s):

ARE YOU 18 YEARS OF AGE OR OLDER?

No Yes

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? (A conviction record will not necessarily bar you from employment)

No Yes. If Yes, indicate the nature of the offense, date, court, and disposition:

DO YOU HAVE A VALID DRIVER'S LICENSE?

No Yes (must provide a photocopy)

Driver's License Number: _____ State issued by: _____

SOCIAL SECURITY NUMBER*

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*The disclosure of your Social Security Number is voluntary. However, failure to supply your Social Security Number may result in errors in processing your application. Please note that failure to fully and accurately complete this application may result in the immediate disqualification of your application.

REFERENCES

List three individuals (other than relatives) whom we may contact for work related references.

	NAME	TITLE	ORGANIZATION	TELEPHONE NUMBER
1				
2				
3				

WORK EXPERIENCE

All information requested must be furnished. A resume or other information will be accepted as a supplement, but will NOT be accepted in place of the specified information requested (DO NOT WRITE "See Resume").

ALL OFFERS OF EMPLOYMENT ARE CONTINGENT UPON AN EVALUATION OF YOUR QUALIFICATIONS, THIS APPLICATION, AND REFERENCE CHECKS.
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THE TRIBE REQUIRES A REFERENCE CHECK WITH CURRENT EMPLOYER. WHEN MAY WE CONTACT YOUR CURRENT EMPLOYER?

WORK EXPERIENCE (CONTINUED)

List all your work experience beginning with your current or last position held (attach supplement sheet if necessary).

EMPLOYER	DATE EMPLOYED FROM (month/year)
ADDRESS	DATE EMPLOYED TO (month/year)
TELEPHONE NUMBER(S)	STARTING SALARY
JOB TITLE	FINAL SALARY

REASON FOR LEAVING

WORK PERFORMED/SKILLS UTILIZED (be sure to list all those relevant to the position for which you are applying)

EMPLOYER	DATE EMPLOYED FROM (month/year)
ADDRESS	DATE EMPLOYED TO (month/year)
TELEPHONE NUMBER(S)	STARTING SALARY
JOB TITLE	FINAL SALARY

REASON FOR LEAVING

WORK PERFORMED/SKILLS UTILIZED (be sure to list all those relevant to the position for which you are applying)

WORK EXPERIENCE (CONTINUED)

Continue listing your work experience (DO NOT WRITE "See Resume").

EMPLOYER	DATE EMPLOYED FROM (month/year)
ADDRESS	DATE EMPLOYED TO (month/year)
TELEPHONE NUMBER(S)	STARTING SALARY
JOB TITLE	FINAL SALARY

REASON FOR LEAVING

WORK PERFORMED/SKILLS UTILIZED (be sure to list all those relevant to the position for which you are applying)

EMPLOYER	DATE EMPLOYED FROM (month/year)
ADDRESS	DATE EMPLOYED TO (month/year)
TELEPHONE NUMBER(S)	STARTING SALARY
JOB TITLE	FINAL SALARY

REASON FOR LEAVING

WORK PERFORMED/SKILLS UTILIZED (be sure to list all those relevant to the position for which you are applying)

WORK EXPERIENCE (CONTINUED)

Continue listing your work experience (DO NOT WRITE "See Resume").

EMPLOYER	DATE EMPLOYED FROM (month/year)
ADDRESS	DATE EMPLOYED TO (month/year)
TELEPHONE NUMBER(S)	STARTING SALARY
JOB TITLE	FINAL SALARY

REASON FOR LEAVING

WORK PERFORMED/SKILLS UTILIZED (be sure to list all those relevant to the position for which you are applying)

EMPLOYER	DATE EMPLOYED FROM (month/year)
ADDRESS	DATE EMPLOYED TO (month/year)
TELEPHONE NUMBER(S)	STARTING SALARY
JOB TITLE	FINAL SALARY

REASON FOR LEAVING

WORK PERFORMED/SKILLS UTILIZED (be sure to list all those relevant to the position for which you are applying)

WORK EXPERIENCE (CONTINUED)

Continue listing your work experience (DO NOT WRITE "See Resume").

EMPLOYER	DATE EMPLOYED FROM (month/year)
ADDRESS	DATE EMPLOYED TO (month/year)
TELEPHONE NUMBER(S)	STARTING SALARY
JOB TITLE	FINAL SALARY
REASON FOR LEAVING	
WORK PERFORMED/SKILLS UTILIZED (be sure to list all those relevant to the position for which you are applying)	

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ADDRESS	DATE EMPLOYED TO (month/year)
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JOB TITLE	FINAL SALARY
REASON FOR LEAVING	
WORK PERFORMED/SKILLS UTILIZED (be sure to list all those relevant to the position for which you are applying)	

EDUCATION BACKGROUND

Start with your last high school attended—then, beginning with the most recent, list all colleges, vocational, and military services schools attended.

Please attach proof of high school diploma/GED and any college diploma/certifications from an accredited college for educational verification and educational consideration.

HIGH SCHOOL NAME		LOCATION	GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LAST YEAR COMPLETED	MAJOR COURSE		G.P.A.
COLLEGE/UNIVERSITY		LOCATION	GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LAST YEAR COMPLETED	MAJOR COURSE	DEGREE	G.P.A.
COLLEGE/UNIVERSITY		LOCATION	GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LAST YEAR COMPLETED	MAJOR COURSE	DEGREE	G.P.A.
VOCATIONAL/TECHNICAL SCHOOL		LOCATION	GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LAST YEAR COMPLETED	MAJOR COURSE	DEGREE	G.P.A.
VOCATIONAL/TECHNICAL SCHOOL		LOCATION	GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LAST YEAR COMPLETED	MAJOR COURSE	DEGREE	G.P.A.

OTHER

STATE ANY ADDITIONAL INFORMATION, SKILLS, OR QUALIFICATIONS THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

ACKNOWLEDGMENT

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY.

With a signature below, the applicant acknowledges (or acknowledges asking for assistance with) 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 Quil Ceda Village (hereafter referred to as QCV) or its agents are grounds for withdrawal of the offer of employment and/or disciplinary action up to and including termination of employment.

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

Identification: The applicant acknowledges that Federal Law and QCV policy prohibits companies from hiring any person unless he/she presents documents which establish that person's identity and eligibility 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 (as required by current QCV policy and procedure) is a condition of employment. The applicant also acknowledges that refusal to submit to such testing (and the resultant conditions of current drug and alcohol policy) prior to and during the course of employment will result in the withdrawal of the offer of employment or termination of employment. The applicant also hereby authorizes the release of the results of any such testing to QCV.

General Release: The applicant hereby releases QCV 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 which may arise.

The applicant acknowledges that the above statements in no way alter the status or rights of the Tulalip Tribes.

Applicant's name (print)	Applicant's signature	Date
	X	

INSTRUCTIONS

Please submit your application, and copies of any required documents such as resumes and certifications to the Quil Ceda Village HR department. Please do not send original documents as they will not be returned.

Mail:
Quil Ceda Village
Human Resources
8802 27th Ave NE
Quil Ceda Village, WA 98271

Fax:
Please include a cover sheet, fax to 360-716-5051

Email:
qcvement@tulaliptribes-nsn.gov

The Tulalip Tribes publicly announces that Indian preference in hiring shall apply to Tulalip Tribal job opportunities. Pre-employment drug testing and criminal background checks are required for all positions within the Tulalip Tribes.