



SPOKANE INDIAN HOUSING AUTHORITY

6403 Sherwood Addition Road, P.O. Box 195 Wellpinit, WA 99040
(509) 818-1460 Fax (509) 258-7188

Employment Application

Position Applying for: _____ Position #: _____

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Mailing Address Apartment/Unit #

City State ZIP Code

Phone: (_____) - _____ Email: _____

Social Security No.: _____ - _____ - _____ Do you have a valid Driver's License? YES NO

If yes, expiration date: _____

Are you a member of a Federally Recognized Tribe? YES NO If yes, verification must be attached.

Name of Tribe: _____ Enrollment #: _____

Spouse of Spokane Tribal Member? YES NO

Child of a Spokane Tribal Member? YES NO

Are you currently employed? YES NO Date available for work: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ From: _____ To: _____ Did you graduate? YES NO

College or Other Institute: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify under penalty of perjury the information I have provided is accurate and complete, to the best of my knowledge. If Spokane Indian Housing Authority employs me, I understand that any misrepresentation or false statement in the application will be cause to terminate my employment. I consent to contact of references I have listed, or any other sources, about my prior employment, criminal background or personal history. I release the Spokane Indian Housing Authority from any claims arising from its reliance on information that it may obtain. I reserve the right to know the name and address of any instigative agency used to obtain a copy of any report provided to the Spokane Indian Housing Authority.

I understand this application is not employment contract. A pre-employment drug test and random drug testing after employment are mandatory. 90-day orientation period on all positions. The Spokane Indian Housing Authority may conduct a background investigation and require more information for certain positions.

Signature: _____ Date: _____