

**LUMMI INDIAN BUSINESS COUNCIL
EMPLOYMENT APPLICATION**

2665 KWINA ROAD, BELLINGHAM, WA 98226 Fax No 360-380-6991

Email: LIBCHR@lummi-nsn.gov

Please include a cover letter and resume along with this application.

<p>Please Type or Print. Answer all Questions fully and accurately. Your Application will not be considered if it is not signed or if it is returned after positions advertised closing date.</p>			
Name			
Address (Street, PO Box)			
City		State	Zip
How long at this residence?		If less than 1 year provide other addresses on additional page.	
Please list any aliases, previous name, nickname, other name change legal or otherwise.		Do you have a Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Phone No:	
		E-mail Address:	
Are you enrolled in a Federally Recognized Native American Nation/Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, you must provide official enrollment verification, in order to qualify for Native Preference. Attach a copy of enrollment card/verification to receive preference.			
Name of Tribe/Nation:		Enrollment No:	
Are you a Lummi Fisherman? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally permitted to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an American Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the branch serviced, Date of entry-and discharge and type of Discharge.			
Have you ever been criminally convicted of a crime <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list conviction(s), date(s) and jurisdiction. Failure to disclose convictions will result in loss of employment opportunity.			
Have you ever been fingerprinted? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Please list reason:			
Position(s) Applying For (In Order of Preference)		Expected Wage/Salary	Years of Experience
EDUCATION Please Provide Copies of Certificates or Diplomas.			
Type of School	Name and State	Years Completed	Graduated Y/N
High School/GED			
Vocational/Trade			
College/University			
Type of Degree Obtained <input type="checkbox"/> Associates <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PHD <input type="checkbox"/> Other _____			
What is your Degree in?			
Please provide any additional knowledge, skills, qualifications that you may have, and any professional organizations, which you belong to that, are relative to the position(s) you are currently applying for.			
Must list 3 references that can be contacted for verification. (Former and current employers, business associates that can verify your work practices and abilities.)			
Name	Title	Company	Phone Number/Email

Please list names of your immediate family member(s) that are currently employed with the LIBC		
Family Members Name	Position/Title	Relationship
EMPLOYMENT HISTORY Please list present to past, providing work history for last 5 years. If unemployed or in school please list. Supplemental sheet available.		
Name of Employer	Position/Title	Dates of Employment
Supervisors Name	Phone Number	Beginning Rate of Pay
		Ending Rate of Pay
Explain in Detail your duties		
What do/did you enjoy <u>most</u> about this position?		What do/did you enjoy <u>least</u> about this position?
Explain why you left this position or why you wish to leave current position		
Name of Employer	Position/Title	Dates of Employment
Supervisors Name	Phone Number	Beginning Rate of Pay
		Ending Rate of Pay
Explain in Detail your duties		
What did you enjoy <u>most</u> about this position?		What did you enjoy <u>least</u> about this position?
Explain why you left this position		
Name of Employer	Position/Title	Dates of Employment
Supervisors Name	Phone Number	Beginning Rate of Pay
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Explain in Detail your duties		
What did you enjoy <u>most</u> about this position?		What did you enjoy <u>least</u> about this position?
Explain why you left this position		
Agreement and Declarations		
Please Read the Following Prior to Signing Application		
I certify that the statements made in this application are correct and complete to the best of my knowledge. I understand that false or misleading information may result in termination of my employment. I authorize the LIBC Human Resources Department to verify any of the statements, employment/education information provided and to solicit information desire in connection with this application. I hereby release said organizations, companies and individuals from all liability for any damage for issuing this information. I understand that all positions are subject to criminal background investigation. If accepted for employment with LIBC, I agree to abide by all of the LIBC Policies and Procedures. I understand that any false statements made by me may be considered sufficient cause for cancellation of any opportunity to work for the LIBC and/or dismissal if already employed. I understand that if I owe the Lummi Nation or any of its entities an account receivable or other debt, I must make arrangements to pay this debt to be considered for a position with the Lummi Nation. The HR Dept. must receive from the LIBC Accounting Dept. a written statement starting I have made arrangements to repay my debt. I understand that LIBC IS A DRUG FREE WORKPLACE. All employment offers are contingent upon successfully passing a drug test and alcohol test. Applicants who fail the initial drug/alcohol test cannot reapply for 3 months. All employees are subject to annual random drug testing and testing following any on-the-job injury and when a supervisor reasonably believes and employee is unfit for duty. In addition to random testing some positions are considered a Safety, Security-Sensitive position, which requires annual drug and alcohol testing. If an employee refuses to test or tests positive they will be terminated, in accordance with the policy set forth in section 4 of the LIBC Alcohol and Drug Free Workplace Policy.		
Signature of Applicant		Date

Supplemental page for Residence verification

Name		
Address (Street, PO Box)		
City	State	Zip
Dates lived at this residence:		

Address (Street, PO Box)		
City	State	Zip
Dates lived at this residence:		

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City	State	Zip
Dates lived at this residence:		

Address (Street, PO Box)		
City	State	Zip
Dates lived at this residence:		

Address (Street, PO Box)		
City	State	Zip
Dates lived at this residence:		

Supplemental page for employment history

Name of Employer	Position/Title	Dates of Employment
Supervisors Name	Phone Number	Beginning Rate of Pay
Ending Rate of Pay		
Explain in Detail your duties		
What do/did you enjoy <u>most</u> about this position?	What do/did you enjoy <u>least</u> about this position?	
Explain why you left this position or why you wish to leave current position		
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