



ISLAND ENTERPRISES INC
 Weaving a strong business foundation for the
 Squaxin Island Tribe's future.

ISLAND ENTERPRISES, INC.
 3591 SE OLD OLYMPIC HWY
 SHELTON, WA 98584

Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Driver's License #: _____

Position Applied for (please check one):

<input type="checkbox"/> Island Enterprises	<input type="checkbox"/> KTP Stores	<input type="checkbox"/> Skookum Creek Tobacco	<input type="checkbox"/> Skookum Creek Distributing	<input type="checkbox"/> Frank's Landing
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Position: _____

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: _____ Address: _____

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

College: _____ Address: _____

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

Other: _____ 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: _____

Indian Preference Policy

In accordance with 42 USC sec. 2000e2(i) whenever reasonable the Squaxin Island Tribe, Island Enterprises, Inc. will hire in the following order of priority:

1. Squaxin Tribal Member
2. Other Indians enrolled in a **federally recognized** tribe, and
3. Non-Indian Applicants.

If you wish to claim Indian Preference, check one:

- I am an Enrolled Squaxin Tribal Member. My Enrollment number is: _____.
- I am Enrolled with: _____ Tribe. My Enrollment number is: _____.

In Case of Emergency Contact

Name: _____ Relationship: _____
Phone #: _____ Cell #: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. Furthermore, I hereby give Island Enterprises Human Resources permission to verify all information and references given in this application.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

PERSONNEL USE ONLY

1. Position applied for is open: YES NO
2. Applicant qualifies for Indian Preference? Tribe: _____ Roll #: _____
 a. Federally recognized Tribe? YES NO Verified by: _____
3. Applicant eligible for hire in this position? YES NO
 a. If NO, Letter of Explanation Sent? _____
4. Interview set for: _____ at _____ called to schedule _____
5. Interview Board: _____
6. Reference Checks Sent? YES NO