Please Complete & Turn in to Correctly Marked Address Below Before Deadline to be Dated & Timestamp

◯ **TTT**

Tulalip Tribes Employment
6103 31st AVE NE, Tulalip, WA 98271 • Office (360) 716-4747
1-800-869-8287
www.tulaliptribes-nsn.gov

◯ **QCV**

Quil Ceda Village

The Consolidated Borough of Quil Ceda Village
8802 27th Avenue NE, Tulalip, WA 98271
Office (360) 716-5016 • Fax (360) 654-3950 • 1-800-869-8287
www.quilcedavillage.org

◯ **TGO**

TULALIP RESORT CASINO

Tulalip Gaming Organizations
10200 Quil Ceda Boulevard, Tulalip, WA 98271
Office (360) 716-1111
1-888-272-1111 • www.tulalipresort.com

◯ **TERO**

Tribal Employment Rights Office
6103 31st Avenue NE Tulalip, WA 98271
Office (360) 716-4747 • Fax (360) 651-3474
www.tulaliptero.com

PERSONAL DATA

NAME Last	First	Middle	TELEPHONE NUMBER
PRESENT ADDRESS Street/Apt. No. or P.O. Box	City		CELLULAR PHONE NUMBER
MAILING ADDRESS Street/Apt. No. or P.O. Box	City	State Zip Code	MESSAGE PHONE NUMBER
Alternate Contact Name	City	State Zip Code	TELEPHONE NUMBER
EMAIL ADDRESS			

EMPLOYMENT DATA

TTT Jobs | QCV Jobs | TGO Jobs | TERO

POSITION APPLIED FOR	JOB NUMBER	DEPARTMENT	DATE YOU CAN BEGIN

CHECK APPROPRIATE BOX FOR 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 HIRE CONDITION FOR HIRE
☐ FULL-TIME ☐ PART-TIME ☐ EMERGENCY/ON-CALL ☐ TEMPORARY	◯ YES ◯ NO	

APPLICANT'S STATUS - Please Mark the Appropriate Circle

◯ Enrolled Tulalip Tribal Member Enrollment Number _____

◯ Spouse, Parent, Legal Guardian, or child born to an enrolled Tulalip Tribal Member (Attach Proof)

◯ Other Native Americans of Federally Recognized Tribes (Attach Proof)

◯ Spouse of Other Natives (Attach Proof)

◯ Regular Current Employee of the a Tulalip Tribal Entity

◯ Other

US Military

Currently Serving in US Armed Forces?	Spouse of Active or Enlisted Member of US Military?	Have you ever served in the US Armed Forces?	Honorable Discharge?
◯ YES ◯ NO	◯ YES ◯ NO If Yes, Please Attach Proof	◯ YES ◯ NO	◯ YES ◯ NO If Yes, Please Attach Proof Form DD-214
Branch	**Date of Services** From: _____ To: _____		
Duties:			

Have you ever been Employed Under a DIFFERENT NAME? ◯ YES ◯ NO

If Yes, please give Names: _____

ARE YOU 18 YEARS OF AGE OR OLDER? ◯ YES ◯ NO

Have You Ever Been CHARGED AND/OR CONVICTED Of Any CRIMINAL OFFENSES? (A conviction record will not necessarily bar you from employment)

If YES, indicate the nature of the offense, date, court and disposition: ◯ YES ◯ NO

DO YOU HAVE A VALID DRIVER'S LICENSE? **(MUST PROVIDE A COPY)** ◯ YES ◯ NO

Driver's License # _____ Expiration _____ State Issued By: _____

***Social Security Number** _____ ***Last 4 Digits of SSN** _____

*The disclosure of your Social Security Number is voluntary, at your convenience you may leave only your 'Last 4 Digits of your SSN.' However, failure to supply Social Security Number information may result in errors in processing your application.

REFERENCES: List three (3) Individuals (other than relatives) Whom We May Contact for Work Related References

NAME	TITLE	ORGANIZATION	TELEPHONE NUMBER

ACKNOWLEDGEMENT

I, _____ hereby acknowledge that the information in this application is true, accurate, current, and complete to the best of my knowledge. I understand that any misrepresentation and/or omissions shall be sufficient cause for disqualification from further consideration of employment.

I authorize the applicable entity of the Tulalip Tribes, (as indicated on page 1 of this application), to investigate my employment history and credentials from all my former Employers and Agencies. I understand that any information released by my prior Employers and Agencies providing information will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision.

I release and hold harmless my former employers, and all other persons or entities providing information, from any and all liability that may result from the release and/or use of such information.

I further release and hold harmless, the Tulalip Tribes from all liability that may result from use of such information, and from providing future references regarding my history at the Tulalip Tribes.

I also understand and agree that:

1. This application does not create an offer of employment;
2. If hired, I will be subject to all 'Tulalip Tribes' policies and procedures;
3. 'Tulalip Tribes' follows a Drug Free Work Place Policy;
4. All offers of employment will be contingent upon applicant successfully passing Testing Requirements.
5. Failure to Fully and Accurately Complete this application may result in the immediate disqualification of your application.

Applicant's Signature _____ Date _____

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").

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

ALL OFFERS OF EMPLOYMENT ARE CONTIGENT UPON AN EVALUATION OF YOUR QUALIFICATIONS, THIS APPLICATION, AND REFERENCE CHECKS.

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

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EDUCATION BACKGROUND

List last high school attended. Beginning with the recent - list all colleges, vocational, and military service schools attended.

***Please Attach Proof of High School Diploma/GED & College Diploma/Certification From an Accredited College For Educational Verification & Educational Consideration**

NAME & LOCATION OF SCHOOL	LAST YEAR COMPLETED	GRADUATE YES / NO	MAJOR COURSE	G.P.A.
HIGH SCHOOL				
COLLEGE / UNIVERSITY				
COLLEGE / UNIVERSITY				
VOCATIONAL / TECHNICAL SCHOOL				
VOCATIONAL / TECHNICAL SCHOOL				

STATE ANY ADDITIONAL INFORMATION, SKILLS, QUALIFICATIONS, CERTIFICATIONS, AND SPECIALITY TRAINING, AND INCLUDING POSITIONS WITH DATES YOU FEEL MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION.

* Please Remember to attach copies of Degrees, Certificates, Certification, and other Documents.

TERO

***Please Note - I understand for TERO I need to call in monthly to stay on the current non-working availability list.**

Current CDL # _____ Expiration _____ Restrictions _____

Flagging Card _____ Expiration _____

Food Handlers Card _____ Expiration _____

Others List _____

Do you Own Tools for the position you are interested in? ◯ YES ◯ NO

Are you willing to Travel Out of Town for work? ◯ YES ◯ NO

Do you have Transportation? ◯ YES ◯ NO

Are you interested in any other Training, Apprenticeship, and/or Trades? _____

Please Click Here to Print out Your Application