



PUYALLUP TRIBAL HEALTH AUTHORITY

EMPLOYMENT APPLICATION

2209 East 32nd Street, Tacoma, Washington 98404
 Ph: (253) 593-0232 x516, Fax: (253) 593-3479

PERSONAL INFORMATION

Last First MI

Street Address City State Zip Code

Home Phone Cell Phone E-Mail Address Social Security number

Are you eligible to work in the United States? NO YES (***Proof of employment eligibility required at time of hire***)
 Have you ever been convicted of a felony? NO YES, explain: _____
 Is a member of your immediate family (parent, spouse, sibling, child), employed by PTHA? NO YES, if yes complete below.
 Name: _____ Relationship: _____ Position: _____

NATIVE HIRING PREFERENCE

****To ensure Native Hiring Preference consideration, proof of enrollment MUST BE attached to the application****

Are you enrolled in a Federally recognized Tribe? NO YES, name of Tribe: _____
 Are you a spouse of a Puyallup Tribal Member? NO YES, name of enrolled spouse: _____
 Can you provide other "proof" of Native blood? NO YES, name of Tribe: _____
 (ex: CDIB-Certificate of Degree of Indian or Alaskan Native Blood)

EMPLOYMENT DESIRED

Position applying for: _____ Date you could start: _____ Salary desired: _____
 How did you hear about the position? Friend/Employee Job Flyer PTHA website Tribal News PTHA TV's
 WorkSource CareerBuilder Other-please list: _____
 Have you ever been employed by PTHA? NO YES (If yes, provide information below)
 Position: _____ Supervisor: _____ Dates Employed: _____

EDUCATION

Please complete the education section below. Upon hire, you must provide a copy of any and/or all diplomas, degrees, transcripts, licenses or certifications obtained as verification of education. Do not leave any information blank or your application may be delayed.

	School Name	Location (City/State)	Degree/Diploma Received	Major	Graduated Yes/No
High School/GED					<input type="checkbox"/> Y <input type="checkbox"/> N
Vocation Training					<input type="checkbox"/> Y <input type="checkbox"/> N
College/University					<input type="checkbox"/> Y <input type="checkbox"/> N
College/University					<input type="checkbox"/> Y <input type="checkbox"/> N
Graduate School					<input type="checkbox"/> Y <input type="checkbox"/> N

List all licenses/certificates, education or special skills you have obtained: _____
 Have you had a professional license/certification revoked or denied? No Yes, explain: _____

EMPLOYMENT HISTORY

Complete the section below, starting with your present or most recent position. Attach additional pages if necessary.

Employer Name: Address: Phone #:		Supervisor Name & Title: May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title:		Salary:	<input type="checkbox"/> Full -time <input type="checkbox"/> Part-time
From:	To:	Reason for Leaving:	
Duties:			

Employer Name: Address: Phone #:		Supervisor Name & Title: May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title:		Salary:	<input type="checkbox"/> Full -time <input type="checkbox"/> Part-time
From:	To:	Reason for Leaving:	
Duties:			

Employer Name: Address: Phone #:		Supervisor Name & Title: May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Title:		Salary:	<input type="checkbox"/> Full -time <input type="checkbox"/> Part-time
From:	To:	Reason for Leaving:	
Duties:			

PROFESSIONAL REFERENCES

Please provide three (3) professional references, who are not related to you:

Name	Relationship/Title	Company	Phone	E-Mail
1.				
2.				
3.				

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

1. PTHA is an Equal Opportunity Employer while practicing native hiring preference according to law. PTHA does not discriminate on the basis of sex, age, race, color, religion, marital status, national origin, disability, and Veteran status.
2. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed, only those interviewed will receive notification when the position is filled or closed. Interviews are given on a competitive basis using job-related factors.
3. I authorize all previous employers/supervisors, including all persons with and for whom I have worked, to give PTHA's representative any and all information regarding my previous employment. I release PTHA and all previous employers/supervisors from liability for any damages that may result from furnishing information to PTHA.
4. I understand, if selected, I will be required to provide proof of identity and legal right to work in the United States prior to actual employment with PTHA.
5. I agree to conform to all PTHA Personnel Policies and Procedures.
6. I understand that a background check and/or a pre-employment or employment drug test may be required, prior to any employment offer.
7. I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to PTHA, will result in immediate termination.
8. I understand that this application will only be considered if all information as requested has been submitted and that if information is not provided then Human Resources will conclude that the applicant does not possess the information requested.

Applicant Signature

Date



PUYALLUP TRIBAL HEALTH AUTHORITY REFERENCE RELEASE AUTHORIZATION

I, _____, voluntarily consent and authorize any representative of the Puyallup Tribal Health Authority to obtain information from my current and previous employers, or other applicable sources pertaining to my employment history. This authorization includes, but is not limited to; attendance records, educational background, work experience, length of employment, wage history, performance, disciplinary actions, performance evaluations and reason for separation from former employment.

I hereby authorize you to release such information upon request. It is expressly understood that any information given, is to be used for the purpose of determining my acceptability for employment with the Puyallup Tribal Health Authority.

I also hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages or claims, which may arise or result from any reference information gathered pursuant to this authorization.

This Authorization will continue in effect for one year, from the date of signature. A photocopy of the Authorization shall have the same force as the original.

PRINT NAME

DATE

SIGNATURE

