



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 allow SIHA to contact any of the 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 an employment contract. A pre-employment drug test and random drug testing after employment are mandatory, as well as a 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: _____