



<b>Employment History</b>	
Job Title	Company Name
Company Address	
Type of Business	Starting Salary
Supervisor Name	Ending Salary
Supervisor Title	Dates Of Employment
Phone	May we contact this employer?
Duties	
Reason for leaving	

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<b>Education</b>			
School Name and Location	Major	Did you graduate? Year:	Diploma or Degree Earned
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Certificates Earned			
Other Skills			

**Important – Read The Following Certification And Agreement Carefully Before Signing.**

In making this application for employment, I certify that the statements I have made are true, complete and correct, and I agree that any willfully false statements or misrepresentations herein, whenever discerned, are just cause for Snoqualmie Tribe either to refuse or to terminate my employment. Further, I authorize any school or former employer to disclose to Snoqualmie Tribe upon request any information they may have as to my record, performance, and attendance and will hold such schools and employers harmless for such disclosure. I agree to take the required drug screening test following an offer of employment. I understand that this application becomes void after 30 days unless renewed personally or in writing by me. I have read and do understand and subscribe to this certification and agreement.

In consideration of my employment, I agree to conform to the rules and regulations of Snoqualmie Tribe. I also agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at my option or at the option of Snoqualmie Tribe, other than the chairman of the board, human resources and administration has any authority to enter into any agreement guaranteeing my employment for any specified period of time, nor to make any agreement contrary to the foregoing.

<b>Signature</b>		<b>Date Signed</b>	
<b>FOR COMPANY USE ONLY (IF HIRED)</b>			
<b>Division</b>	<b>Location</b>	<b>Department</b>	
<b>Job Title</b>	<b>Salary</b>	<b>Starting Date</b>	