



# STEP Job Application

PO Box 100 Wellpinit, WA 99040

Richard Garry, TERO Director: 509-458-6529 Fax: 509-458-6556

**PLEASE RETURN COMPLETED APPLICATION & RESUME TO:**

EMAIL TO: melissaboyd@mbsquaredgc.com OR

MAIL TO: MB Squared GC, 12010 S. Mt. Carmel Lane, Cheney WA 99004

Please submit the following documents:

- Tribal I.D.
- Copies of any certificates or licenses that you possess
- Other documents that may verify eligibility for preference and job qualification

*Complete all sections of this application*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Message: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Are you a member of the Spokane Tribe? Yes \_\_\_\_\_ No \_\_\_\_\_ Enrollment No. \_\_\_\_\_

Are you a child of an enrolled member of the Spokane Tribe? Yes \_\_\_ No \_\_\_

Are you a spouse of an enrolled member of the Spokane Tribe? Yes \_\_\_ No \_\_\_

Are you an enrolled member of a Federally Recognized Tribe? Yes \_\_\_ No \_\_\_

If so what Tribe? \_\_\_\_\_

Do you have a Valid Drivers License? Yes \_\_\_ No \_\_\_ License # \_\_\_\_\_ Exp: \_\_\_\_\_

Do you have a CDL? Yes \_\_\_ No \_\_\_

Are you a member of a Union? Yes \_\_\_ No \_\_\_

If yes, please identify Local No. & Location \_\_\_\_\_

Do you have a HS Diploma or GED? Yes \_\_\_ No \_\_\_

Do you have a Technical Certificate or College Degree? Yes \_\_\_ No \_\_\_

Are you Computer Literate? Yes \_\_\_ No \_\_\_ Check all computer programs used:

Word processing \_\_\_ Spreadsheets \_\_\_ Data Bases \_\_\_ Graphics \_\_\_ Desktop Publishing \_\_\_

Do you possess the following?

Food Handler Certificate \_\_\_ First Aid/CPR \_\_\_ Haz-Mat or Hazwopper \_\_\_

EMT or CNA \_\_\_ Certified Flagger \_\_\_ OSHA 10/30 \_\_\_

Other Certifications or Licenses \_\_\_\_\_

I AM QUALIFIED TO BE REFERRED TO THE FOLLOWING: (INDICATE THE NUMBER OF MONTHS AND YEARS OF WORK EXPERIENCE OR TRAINING BELOW)		
<b>EQUIPMENT OPERATOR / YEARS/MONTHS</b>		<b>BUILDING TRADES / YEARS/MONTHS</b>
DOZER		CARPENTER
LOADER		FRAMER
SCRAPER		DRYWALL
CRANE		PLUMBER
OILER		ELECTRICIAN
DRILLER		PAINTER
GRADER		CEMENT MASON
<b>FORESTRY / YEARS / MONTHS</b>		INSULATION
SAWYER		FLOORS
SCALER		IRONWORKER
THINNER		WELDER
PLANTER		MECHANIC
FIRE FIGHTER		ROOFER
LOGGER		LABORER
<b>MISCELLANEOUS / YEARS/MONTHS</b>		<b>FOOD SERVICES / YEARS/MONTHS</b>
TRUCK DRIVER		COOK
LANDSCAPER		WAITRESS
SURVEYOR		NUTRITIONIST
PIPE LAYER		CASHIER
FLAGGER		CUSTODIAN
HVAC		

**SURVEY:**

- |  | YES | NO  |
|--|-----|-----|
| 1.) DO YOU HAVE YOUR OWN EQUIPMENT AND/OR TOOLS FOR THE POSITION(S) YOU ARE APPLYING FOR?          | [ ] | [ ] |
| 2.) DO YOU HAVE YOUR OWN TRANSPORTATION?   | [ ] | [ ] |
| 3.) ARE YOU WILLING TO TRAVEL OUT OF TOWN TO WORK?   | [ ] | [ ] |
| 4.) CAN YOU PERFORM THE DUTIES REQUIRED FOR THE POSITION YOU ARE APPLYING FOR WITHOUT SUPERVISION? | [ ] | [ ] |

**READ AND SIGN STATEMENT**

I HEREBY AFFIRM THE INFORMATION PROVIDED ON THIS APPLICATION AND ANY OTHER PAPER THAT I SUPPLY IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO AGREE ANY FALSIFIED INFORMATION OR SIGNIFICANT OMISSION MY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT AND MY RESULT IN MY DISMISSAL IF DISCOVERED AT A LATER DATE.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP IN REGULAR CONTACT WITH THIS OFFICE TO REMAIN IN "AVAILABLE TO WORK" STATUS.

ALSO, THAT THE SPOKANE TRIBE SUPPORTS AN ALCOHOL/DRUG FREE WORKFORCE AND ALL APPLICANTS MAY BE SUBJECT TO A RANDOM DRUG TEST. \*NOTE: A POSITIVE TEST RESULT AND/OR FAILURE TO APPEAR FOR A DRUG TEST MAY BE GROUNDS FOR SUSPENSION OR TERMINATION.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_