



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)		
EQUIPMENT OPERATOR / YEARS/MONTHS		BUILDING TRADES / YEARS/MONTHS
DOZER		CARPENTER
LOADER		FRAMER
SCRAPER		DRYWALL
CRANE		PLUMBER
OILER		ELECTRICIAN
DRILLER		PAINTER
GRADER		CEMENT MASON
FORESTRY / YEARS / MONTHS		INSULATION
SAWYER		FLOORS
SCALER		IRONWORKER
THINNER		WELDER
PLANTER		MECHANIC
FIRE FIGHTER		ROOFER
LOGGER		LABORER
MISCELLANEOUS / YEARS/MONTHS		FOOD SERVICES / YEARS/MONTHS
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:** _____