

Northwind Cannabis

Employment Application

Position Applied for: _____

PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Residence: _____
Street City State/Zip Code

Mailing: _____
(If different) City State/Zip Code

Telephone Number: _____ Email Address: _____

Driver's License #: _____ State Issued: _____ Expiration Date: _____

Are you an enrolled tribal member? YES ☐ NO ☐

If YES, what tribe: _____ Enrollment Number: _____

Are you a descendent of or an enrolled Samish Tribal Member? YES ☐ NO ☐

If applying for a Head Start position, please indicate if you are or were a parent involved in the Head Start Program. YES ☐ NO ☐

EDUCATION

Name/Address	Completed? Major? Degree?
High School/GED _____	☐ YES _____
	☐ NO _____
College: _____	☐ YES _____
	☐ NO _____
Other: _____	☐ YES _____
	☐ NO _____

Indicate Licenses or Certifications:

Clerical Skills: Typing Speed: _____

Software Proficiency: Please list software and proficiency level (novice, intermediate, advanced):

EMPLOYMENT HISTORY - Begin with your most recent employer. Please attach additional copies of this page if necessary.

May we contact your current Employer:

YES

☐

NO

☐

Name of Employer:

Total Time on Job: _____

Hours per Week: _____

Address:

From: _____

Month/Year

Supervisor's Name and Telephone Number:

To: _____

Month/Year

Your Title:

Reason for Leaving:

Duties:

--

Name of Employer:

Total Time on Job: _____

Hours per Week: _____

Address:

From: _____

Month/Year

Supervisor's Name and Telephone Number:

To: _____

Month/Year

Your Title:

Reason for Leaving:

Duties:

--

Name of Employer:

Total Time on Job: _____

Hours per Week: _____

Address:

From: _____

Month/Year

Supervisor's Name and Telephone Number:

To: _____

Month/Year

Your Title:

Reason for Leaving:

Duties:

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EMPLOYMENT HISTORY CONTINUED

Name of Employer:		Total Time on Job: _____ Hours per Week: _____ From: _____ Month/Year To: _____ Month/Year
Address:		
Supervisor's Name and Telephone Number:		

Your Title:	Reason for Leaving:
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Duties:

Name of Employer:		Total Time on Job: _____ Hours per Week: _____ From: _____ Month/Year To: _____ Month/Year
Address:		
Supervisor's Name and Telephone Number:		

Your Title:	Reason for Leaving:
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Duties:

Name of Employer:		Total Time on Job: _____ Hours per Week: _____ From: _____ Month/Year To: _____ Month/Year
Address:		
Supervisor's Name and Telephone Number:		

Your Title:	Reason for Leaving:
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Duties:

SPECIAL SKILLS AND QUALIFICATIONS - Summarize special job- related skills, qualification, and certificates acquired from employment, education, or other experience.

REFERENCES: - Give the names, address, and telephone number of three (3) professional references who are not related to you. Please include at least one reference who supervised your work.

Name	Title/Position	Email Address	Telephone Number
Name	Title/Position	Email Address	Telephone Number
Name	Title/Position	Email Address	Telephone Number

APPLICATION STATEMENT:

My prior employers, education institutions and other references listed on this application are authorized to give the Samish Indian Nation (SIN) any and all information concerning my previous employment and any pertinent information they may have. I release all persons or entities from all liability for any damage that may result from furnishing the information to the SIN. I also release the SIN and all its employees from all liability for any damage that may result from the SIN's reliance on the information furnished.

I certify that to the best of my knowledge, all of my statements are true, correct, complete and made in good faith. I understand that any false statement on this application may result in my not being interviewed or hired. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer, and that my employment with the Tribe is contingent upon my successful completion of a post-offer/pre-employment urine and/or blood test for alcohol, drugs, and controlled substances.

Signature of Applicant

Today's Date