

EMPLOYMENT APPLICATION
BENEWAH MARKET & HARDWARE
PO Box 237
Plummer, ID 83851
(208) 686-1216

IT IS OUR POLICY TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS PROHIBITING DISCRIMINATION IN EMPLOYMENT BASED ON RACE, AGE COLOR, SEX, RELIGION, NATIONAL ORIGIN OR OTHER PROTECTED CLASSIFICATION.

NAME: _____ DATE: _____
(LAST) (FIRST) (MI)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE: _____ ARE YOU OVER 18? YES () NO ()

ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? YES () NO ()

Covid Vaccinated? Yes () No () Boosters ? 1st () 2nd ()

ARE YOU AN ENROLLED TRIBAL MEMBER? YES () NO () WHAT TRIBE: _____

HOW DID YOU LEARN OF THIS OPENING? FRIEND () POSTED () OTHER ()

SHIFT PREFERRED? PART-TIME () FULL-TIME () ARE YOU WILLING TO EARN COMP-TIME? YES() NO()

DO YOU HAVE A PHYSICAL OR MEDICAL CONDITION WHICH WOULD LIMIT YOUR CAPACITY FOR THE JOB YOU ARE APPLYING FOR? YES () NO ()

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

EDUCATION:

HIGH SCHOOL: _____ YEAR GRADUATED: _____ DIPLOMA: YES() NO()

COLLEGE: _____ YEAR GRADUATED: _____ MAJOR: _____

COLLEGE: _____ YEAR GRADUATED: _____ MAJOR: _____

OTHER EDUCATION/TRAINING: _____

IN ADDITION TO YOUR WORK HISTORY, WHAT OTHER EXPERIENCES, SKILL, OR QUALIFICATIONS DO YOU HAVE?

POSITIONS APPLYING FOR:

AMOUNT OF SALARY DESIRED: _____

1. _____

3. _____

2. _____

4. _____

EMPLOYMENT HISTORY

MOST RECENT EMPLOYER

EMPLOYER NAME	ADDRESS	CITY	STATE	ZIP CODE
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START DATE	END DATE	SALARY	ENDING SALARY
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POSITION	NAME OF SUPERVISOR	TELEPHONE NUMBER
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DESCRIPTION OF DUTIES: _____

EMPLOYER NAME	ADDRESS	CITY	STATE	ZIP CODE
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START DATE	END DATE	SALARY	ENDING SALARY
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POSITION	NAME OF SUPERVISOR	TELEPHONE NUMBER
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DESCRIPTION OF DUTIES: _____

EMPLOYER NAME	ADDRESS	CITY	STATE	ZIP CODE
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START DATE	END DATE	SALARY	ENDING SALARY
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POSITION	NAME OF SUPERVISOR	TELEPHONE NUMBER
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DESCRIPTION OF DUTIES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (THIS MAY NOT EFFECT THE POSITION YOU ARE APPLYING FOR) YES () NO ()

IF YES, PLEASE EXPLAIN: _____

THE COEUR D'ALENE TRIBAL COUNCIL HAS APPROVED A MANDATORY DRUG TESTING POLICY FOR ALL EMPLOYEES, ELECTED OFFICIALS AND APPOINTED OFFICIALS, ALL EMPLOYEES HIRED AFTER JANUARY 1, 1996 WILL BE REQUIRED TO PASS A MANDATORY DRUG SCREENING. AS A CONDITION OF EMPLOYMENT, ALL EMPLOYEES WILL BE SUBJECT TO RANDOM TESTING AFTER JANUARY 1, 1996.

SIGNATURE: _____

DATE: _____