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| **EMPLOYMENT VERIFICATION FORM** | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYEE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: The **employee** should complete this section. | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | | MI | | | | | | | | Last Name | | | | | | | | | | |
| Mailing Address | | | | | | | | City | | | | | | | | | State | | | Zip Code | | | |
| Last 4 of Social Security Number  xxx-xx-\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date of Birth | | | | | | | | Phone Number | | | | | | | | | |
| **I certify that all information that I provide is true and correct. I also give permission to my employer to release all my employment information to the STOI 477 Internship Program in order to determine eligibility and assistance.** | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Signature Date | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYER INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
| NOTE: The **employer** should complete this section. | | | | | | | | | | | | | | | | | | | | | | | |
| Employer/Company Name | | | | | | | | | | Phone Number | | | | | | Email | | | | | | | |
| Mailing Address | | | | | | | | | City | | | | | | | | | State | | | Zip Code | | |
| Physical Address | | | | | | | | | City | | | | | | | | | State | | | Zip Code | | |
| Immediate Supervisor | | | | | | | | | | | | Supervisor’s Job Title | | | | | | | | | | | |
| Applicant’s Job Title | | | | | | | Starting Date | | | | | Part Time  Full Time | | | | | | Hours Per Week | | | Days Per Week | | |
| Workdays | | Sunday | | Monday | | | | | Tuesday | | Wednesday | | | | Thursday | | | | Friday | | | Saturday | |
| **Essential Duties & Responsibilities:** | | |  | | | | | | | | | | | | | | | | | | | |  |
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| **CERTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | |
| **I certify that the information in this form is accurate and true.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer Signature Date | | | | | | | | | | | | | | | | | | | | | | | |

## **SUPERVISORY COMMITMENT FORM**

In consideration for the utilization of work opportunities including recreational, carpentry, landscaping, and/or similar activities (collectively, “Internship Participation”), provided by the Spokane Tribe of Indians 477 Internship Program (“Programs”), I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(*supervisor name*)**, hereby understand and agree to this Supervisory Commitment Form and to the terms hereof as follows:

1. I acknowledge that 477 Internship Participation requires honesty and integrity and that I will hold the intern to the same standards as regular employees of my business/organization. This includes but is not limited to honesty when calculating hours worked when filling out timesheets, reporting to the 477 Internship Program when 477 Internship Participant does not meet expectations for employment at my business/organization, and reporting any employee misconduct to the 477 Internship Program.

**[*Initial Here* \_\_\_\_\_\_\_\_]**

2. I acknowledge and understand that the 477 Internship Participant must only work 29 hours or less per week, is not eligible to work during Tribal or Federal holidays, does not qualify for personal time off (PTO) or telework, and must submit a copy of their timesheet to the 477 Internship Program when time sheets are due. I further understand that the 477 Internship Participant will not be paid for hours worked beyond the mentioned limitations.

**[*Initial Here* \_\_\_\_\_\_\_\_]**

3. I acknowledge that I am not in relation to the 477 Internship Participant as they are under my supervision at my business/organization. If it is discovered that I am in relation to the 477 Internship Participant, I further understand the reason(s) for the 477 Internship Participant’s dismissal and ineligibility to receive further funding from the 477 Internship Program.

**[*Initial Here* \_\_\_\_\_\_\_\_]**

4. I understand and acknowledge that the Program has inherent dangers that no amount of care, caution, instruction, or expertise can eliminate, and **I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE 477 INTERNSHIP PARTICIPANT IS UNDER MY SUPERVISION AND EMPLOYMENT AT MY BUSINESS/ORGANIZATION,**

**[*Initial Here* \_\_\_\_\_\_\_\_]**

5. I further agree that I, my personal representatives, and my heirs, WILL NOT SUE OR MAKE A CLAIM against the 477 Internship Program for damages or other losses sustained while employing the 477 Internship Participant.

**[*Initial Here* \_\_\_\_\_\_\_\_]**

6. I also agree to INDEMNIFY AND HOLD THE 477 INTERNSHIP PROGRAM HARMLESS from all claims, judgments, and costs, including attorneys’ fees, incurred in connection with any action brought because of my agreement to employ the 477 Internship Participant at my business/organization.

**[*Initial Here* \_\_\_\_\_\_\_\_]**

7. I expressly assume full responsibility for and hold the 477 Internship Program harmless for any injury that I, or the 477 Internship Participant, may suffer or inflict upon others or their property as a result of my engagement with the 477 Internship Program and employing the 477 Internship Participant at my business/organization.

**[*Initial Here* \_\_\_\_\_\_\_\_]**

8. I have read and understood the above and acknowledge that the same constitutes a release of liability and a waiver of my legal rights and acknowledgment of the assumption of liability by me of all risks arising out of my engaging in the 477 Internship Program.

**[*Initial Here* \_\_\_\_\_\_\_\_]**

9. I further represent that this Commitment shall continue in full force and effect for so long as I engage in the 477 Internship Program which are in any way connected to or with the Released Parties.

**[*Initial Here* \_\_\_\_\_\_\_\_]**

10. I further represent that I am at least 18 years of age, I waive and release any and all legal rights that may accrue to me or I may suffer while engaging in the 477 Internship Program.

**[*Initial Here* \_\_\_\_\_\_\_\_]**

11. I specifically understand and recognize that this Commitment is a contract pursuant to which I have released any and all claims against the Released Parties resulting from participation in the 477 Internship Program including any claims by the negligence of the Released Parties by any of the undersigned.

**[*Initial Here* \_\_\_\_\_\_\_\_]**

12. I agree that, should any claim or action arise from my participation as described herein, including any issue as to the applicability of this Commitment or any provision within it, proper Jurisdiction and Venue shall only lie with the Spokane Tribal Court and I waive jurisdiction and venue anywhere else.

**[*Initial Here* \_\_\_\_\_\_\_\_]**

13. I further expressly agree that the foregoing Commitment is intended to be as broad and inclusive as is permitted by the Revised Spokane Law and Order Code and applicable federal or Washington state law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**[*Initial Here* \_\_\_\_\_\_\_\_]**

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| **I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL AND AGREE TO BE BOUND BY IT.** | | | | | | | | | |
| **Supervisor Name Printed:** | | |  | | |  |  |  |  |
| **Supervisor Signature:** | |  | | | |  | **Date:** |  |  |
| **Supervisor Contact Information-** | | | | | |  |  |  | |
| **Email:** |  | | | **Phone Number:** |  | | | |  |
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