

Grandview Early Learning Center
SUBSIDIZED CHILD CARE APPLICATION

NON-RELATIVE PROVIDER

MUST CARE FOR CHILDREN IN THE CHILD'S HOME



PUYALLUP TRIBE OF INDIANS
3580 E Grandview Ave
Tacoma, WA 98404
253-382-6371 office 253-680-5517 fax
GELC.Subsidy@PuyallupTribe-nsn.gov

GRANDVIEW EARLY LEARNING CENTER
Subsidized Childcare Application
Non-Relative Provider Packet

PROVIDER CHECK OFF LIST

The following are required to complete this application:

Non-Relative Providers:

- Copy of driver's license or ID card
- Copy of car insurance
 - If BOTH driver's license and car insurance are not available, provider must sign the attached transportation waiver
- Provider's CPR/First aid certification
- Background check packet
- W-9
- ACH Direct deposit form (optional)
 - Notary REQUIRED, unless turned into accounting in person
 - Voided check/letter from bank are REQUIRED

PER GRANT REQUIREMENTS, NON-LICENSED PROVIDERS MUST COMPLETE 12 HEALTH AND SAFETY TRAININGS WITHIN 90 DAYS OF HIRE. UPON APPROVAL, ON-LINE TRAININGS WILL BE SET UP THROUGH TEACHING STRATEGIES AT NO COST TO THE PROVIDER. ESTIMATED COMPLETION TIME IS 35 HOURS.

Payments to Providers will begin once application is approved. Back payments will not be allowed.

GRANDVIEW EARLY LEARNING CENTER
Subsidized Childcare Application
Non-Relative Provider Packet

WELCOME TO THE PROGRAM!

GUIDELINES:

The Puyallup Tribe Subsidized Child Care Program assists with childcare costs to approved providers for qualified Native American and Alaskan Native Families. This program is federally funded and prioritizes services for low to moderate income families.

All payments for child care services are paid directly to the childcare provider, less a co-payment due to the provider from the approved family. Co-payments are based on a sliding fee scale. All income paid from this program is taxable, and providers will receive a 1099 tax form at the end of each year on the program.

Per our grant rules, providers cannot live in the same home as the children they are providing care for. Proof of residency for the provider may be required.

DEFINITION OF NON-RELATIVE PROVIDER:

Provider is not related to the children needing services. Non-relative providers must care for the children in the child's home, per grant requirements.

DISQUALIFYING CRIMES:

Child care staff members (Providers) cannot be employed by a child care provider (Grandview Early Learning Center-GELC) receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential providers cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or a drug related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography. In addition to the above, further disqualifying crimes are: A violation of the Uniform Controlled Substances Act of the Puyallup Tribal Code within the last five years, unlawfully manufacturing, delivering or possessing a controlled substance with intent to deliver, or unlawfully using a building for drug purposes, a series of misdemeanor convictions within the past five years taking in to account the seriousness of the offenses, animal cruelty and weapons violations unrelated to hunting.

GRANDVIEW EARLY LEARNING CENTER
Subsidized Childcare Application
Non-Relative Provider Packet

SAFETY AND HEALTH CHECKLIST FOR CHILDCARE PROVIDER

An inspection must be done on the premises where the children will be cared for. A representative from the Grandview Early Learning Center will be setting up a time to inspect the property and complete a report regarding the health and safety requirements of this grant funded program. Please complete the following contact information for that representative.

Note: Children must be cared for in the child's home for non-relative providers.

PAYMENT PROCESS:

This program pays providers monthly after services are provided through direct deposit. Timesheets are due on the first of each month following the month of services. For example, May's timesheet should be turned in on June 1 for services completed for May. Timesheets must be signed each month by both the parent and the provider. Turn your timesheets in by scanning or taking a photo of them and emailing to GELC.Subsidy@PuyallupTribe-nsn.gov. Once the timesheet is received, it is calculated and entered into our payment system. It is then sent to the manager of the program, Administration and finally Accounting. All of these departments must sign off on the check request before it goes to Accounting for final processing. With all of those departments involved in the approval process, the Accounting office is asking for a two-week turnaround to receive direct deposit. **Co-payments will be deducted from the monthly amount paid to the provider. The parent must pay the co-payment directly to the provider.**

CHILDCARE PAYMENTS ARE TAXABLE INCOME

Please be advised that any money paid to you by the Puyallup Tribe of Indians for childcare services is taxable income. **You will receive a tax form called a 1099 at the end of the year.** Upon signing below, I understand that all income received by me from the Puyallup Tribe of Indians for childcare services over the amount of \$600 is taxable income and may need to be reported by me to the Internal Revenue Service when I do my personal yearly taxes.

Provider Signature

Date

GRANDVIEW EARLY LEARNING CENTER
Subsidized Childcare Application
Non-Relative Provider Packet

| NON-RELATIVE PROVIDER'S INFORMATION | |
|--|--|
| Name: | |
| Address: | |
| City, State, Zip: | |
| Contact Phone: | |
| Contact Email: | |
| Scheduled Hours: | |
| Relation to Child: | |
| Start date: <small>Required for new providers</small> | |

Who are you requesting to provide services for:

| |
|----------------------------------|
| Family Name: (Parents/guardians) |
| |
| Children: |
| |
| |
| |

Provider Signature

Date

GRANDVIEW EARLY LEARNING CENTER

Subsidized Childcare Application

Non-Relative Provider Packet

Please answer the following:

Do you have a history of negative CPS involvement? _____

Have children ever been removed from your care? _____

Have you ever been convicted of crimes that
would preclude you from providing childcare? _____

If you answered yes to any of the above, please give a detailed description:

STATEMENT OF GOOD MORAL CHARACTER

As a childcare services provider, I certify that I am of good character. I do not engage in illegal use of drugs or excessive use of alcohol. I have the understanding, ability, physical health, emotional stability, and personality suited to meet the physical, mental, emotional, and social needs of the children in my care. I have not been convicted of child abuse and/or any crime involving physical harm to another person. I have not been a perpetrator of substantiated child abuse.

Provider Signature

Date

GRANDVIEW EARLY LEARNING CENTER
Subsidized Childcare Application
Non-Relative Provider Packet

Only required if provider does not have both their driver's license and proof of car insurance

**CCDF Childcare Assistance Program
Provider Transportation Waiver Letter**

As a childcare provider for this program who is unauthorized to transport the below listed children, I agree and certify that I will not transport the children in my care in any event or circumstance. If there is an emergency, I will notify the parents/guardian on file and call 911 if needed.

| Children | DOB |
|-----------------|------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

In signing below, I agree and certify that I will never transport the children listed above in my care at any time. This restriction on transportation shall be binding unless otherwise explicitly removed through a subsequent agreement upon showing of driver's license and insurance and signed waiver agreeing to transportation by required parents/guardians. With respect to any liability, including but not limited to claims asserted or costs, losses, or payments for injury to any person or property caused or claimed to be caused directly or indirectly by the unauthorized transportation of the above child(ren), I agree to hold harmless, indemnify, release and forever discharge The Puyallup Tribe from all claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the minor child, or me, or any other person, or other property resulting from my transportation of child(ren).

Childcare Provider Signature

Date

Parent/Guardian Signature

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | |
|--|---|--|
| Print or type. See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) |
| | 6 City, state, and ZIP code | |
| | 7 List account number(s) here (optional) | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | | | | |
|--|--|--|--|---|---|--|---|---|--|--|--|--|--|
| Social security number | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> </tr> </table> | | | | | - | | | - | | | | | |
| | | | | - | | | - | | | | | | |
| or | | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> <td style="width: 25px; border: 1px solid black;"> </td> </tr> </table> | | | | | - | | | | | | | | |
| | | | | - | | | | | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

DISCLOSURE REGARDING
BACKGROUND INVESTIGATION ON YOU

Puyallup Tribe of Indians Administration (“the Company”) may obtain “consumer reports” about you from a consumer reporting agency for purposes of determining whether you will be approved as an independent contractor. A “consumer report” is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, drug test results, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

ADDITIONAL NOTICE REGARDING
INVESTIGATIVE CONSUMER REPORTS ON YOU

Puyallup Tribe of Indians Administration (“the Company”) may also request an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates.

The consumer reporting agency that may prepare an “investigative consumer report” on you for the Company is DataQuest, LLC, Phone: 888-443-0135, Fax: 888-226-6952, P.O. Box 1308, Snohomish, WA 98291; <http://www.dataquestllc.com>. The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please be advised that the nature and scope of the “investigative consumer report” that may be ordered by the Company is an investigation into your work history. During such an investigation, DataQuest, LLC may ask questions about your work history to certain knowledgeable individuals and provide response information to the Company.

Note: Under federal law, you have the right to request disclosure of further information regarding the nature and scope of any “investigative consumer report” ordered by the Company on you. You may do so by contacting the Company.

ADDITIONAL STATE LAW NOTICES

If you live in, work in, or are seeking contracting work for **Puyallup Tribe of Indians Administration** (“the Company”) in Washington State, Massachusetts, New Jersey, New York, Minnesota, Oklahoma, or California, please note the following information which we are required to provide to you:

State of Washington contractors only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Massachusetts contractors only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to have a copy of the report upon request.

New Jersey contractors only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to have a copy of the report upon request.

New York contractors only: You have the right, upon written request, to be informed of whether or not an investigative consumer report (as defined by state law) was requested from a consumer reporting agency. If a report was requested, you will be provided with the name and address of the consumer reporting agency to whom the request was made. You may also inspect and receive a copy of the report by contacting DataQuest, LLC, P.O. Box 1308, Snohomish, WA 98291; Phone: (888) 443-0135; Fax: 888-226-6952; <http://www.dataquestllc.com>. You are also now receiving a copy of Article 23-A of the NY Correction Law.

Minnesota contractors only: You have the right, upon written request, to receive a complete and accurate disclosure of the nature and scope of the consumer report. A consumer reporting agency must make this disclosure within five (5) days of receipt of your request or of the Company’s request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma contractors only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California contractors only: In addition to this document, you are receiving a copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

NOTICE REGARDING BACKGROUND INVESTIGATION **PURSUANT TO CALIFORNIA LAW**

(For California Contractors Only)

Puyallup Tribe of Indians Administration (“the Company”) intends to obtain information about you from an investigative consumer reporting agency for purposes of determining whether you will be approved as an independent contractor. Thus, you can expect to be the subject of "investigative consumer reports" obtained for the above purpose. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate background information about you, including but not limited to: your criminal history, sex offender registry status, driving history, education history, employment history, credit information, drug test results, and professional licenses. The Company may also obtain comments from individuals who are knowledgeable about you. These reports may be used as a factor in making decisions on whether you will be approved as an independent contractor. The source of any investigative consumer report (as that term is defined under California law) will be DataQuest, LLC, Phone: 888-443-0135, Fax: 888-226-6952, P.O. Box 1308, Snohomish, WA 98291; <http://www.dataquestllc.com>. Information regarding DataQuest LLC’s privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at <https://dataquestllc.com/privacy-policy>.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and upon reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you which is required to be provided by the California Civil Code and will be provided to you via telephone, if you have made a written request with proper identification for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

"Proper Identification" includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

Please check this box if you would like to receive a copy of an investigative consumer report (as defined by relevant state law) at no charge if one is obtained by the Company.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize **Puyallup Tribe of Indians Administration** to obtain “**consumer reports**” and “**investigative consumer reports**” about me to determine whether I will be approved as an independent contractor.

Signature: _____

Date: _____

Printed Name: _____

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Full Name (First, Middle, Last): _____

Alias Name(s) Used Within the Last 7 Years: _____

Social Security Number: _____

Date of Birth: _____

Driver License #.: _____

State Issued: _____

Contact Phone #: _____

Email Address: _____

Full Current Address

Additional Previous Address Within the Last 7 Years

Additional Previous Address Within the Last 7 Years

Additional Previous Address Within the Last 7 Years

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company – To be completed by the company or the agent of the company

| | |
|---|--|
| PRINT or TYPE Company name PUYALLUP TRIBE ADMINISTRATION | |
| Agent company name (if applicable) DATAQUEST LLC | |
| Company/Agent company address PO BOX 1308 SNOHOMISH WA 98291 | |
| Authorized representative name | Title |
| Answer the following | |
| 1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i> | |
| _____ Date and place signed | X _____ Authorized representative signature |

Employee, prospective employee, or volunteer – Complete this section and return the form to the company

| | | |
|--|----------------------------|--------------------------|
| PRINT or TYPE Full name (First, Middle, Last) of employee/prospective employee/volunteer | Date of birth (mm/dd/yyyy) | WA driver license number |
| Authorization from <input type="checkbox"/> Employee – for release of my driving record for employment purposes, at my employer’s discretion for the full term of my employment <input type="checkbox"/> Prospective employee – for release of my driving record for employment purposes, not to exceed 30 days from date signed <input type="checkbox"/> Volunteer – for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization | | |
| Employer, prospective employer, or volunteer organization name PUYALLUP TRIBE ADMINISTRATION | | |
| Employer agent company name if acting on behalf of the company for employment purposes DATAQUEST LLC | | |
| Authorization <i>I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.</i> | | |
| _____ Signature | | _____ Date |

Puyallup Tribe of Indians

APPLICANT DISCLOSURE STATEMENT

Name: _____

Signature: _____ Date: _____

Instructions: Please respond to every question below and sign and date each page of this statement. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of this questionnaire is grounds for denial of employment or continued employment with the Puyallup Tribe of Indians. If additional space is needed, attach a separate sheet of paper.

Note: A prior conviction will not necessarily bar you from consideration for employment.

EMPLOYMENT HISTORY

- 1. Have you ever been discharged from any employment? No Yes

- 2. Have you ever resigned or otherwise separated from employment in order to avoid employment discharge? No Yes

- 3. Have you ever been disciplined for misconduct by a past or present employer? No Yes

- 4. If you answered YES to questions 1, 2 or 3, provide an explanation of the circumstances, including underlying facts, place, date and outcome. Attach an additional page if needed.

CRIMINAL HISTORY

- 5. Are you presently charged with, but not convicted of any crime? (Exclude non-criminal infractions such as minor traffic citations.) No Yes

Name: _____ Signature: _____ Date: _____

6. If you answered YES to question 5, explain below or attach an explanation of the nature of the crime(s), place(s), date(s), and court(s). Pending criminal charges will not necessarily prevent you from being considered for employment.

7. Have you ever been convicted of any crime? (The term convicted means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere/no contest, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution. Exclude non-criminal infractions such as minor traffic citations.) No Yes

8. If you answered YES to question 7, explain below or attach an explanation of the nature of the crime(s), place(s), date(s), and court(s). A conviction will not necessarily prevent you from being considered for employment.

9. Check here if you have NOT been convicted of any crime other than non-criminal infractions such as minor traffic violations.

10. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a minor or vulnerable adult or convicted of any crime where the victim was a minor or vulnerable adult? No Yes

11. Have you ever been found in a dependency action to have sexually assaulted or exploited any minor or to have abused any minor? No Yes

12. Have you ever had a DSHS/CPS (Child Protective Services) finding against you? (for example, any finding of abuse and/or neglect against a minor.) No Yes

13. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 10 – 12? No Yes

14. If you answered YES to any of questions 10 – 13, explain below or attach an explanation of the nature of the finding, place, date, and circumstances.

Name: _____ Signature: _____ Date: _____

Puyallup Tribe of Indians

APPLICANT DISCLOSURE STATEMENT

Inquiries will be made to various Law Enforcement and other agencies to verify your answers to the above questions. A copy of any response received pursuant to such inquiry will be made available to you upon request.

I certify under penalty of perjury under the laws of the Puyallup Tribe of Indians that the foregoing is true and correct. I understand that any falsification or deliberate misrepresentation, including omission of a material fact or failure to complete any part of my application or this questionnaire is grounds for denial of employment or continued employment with the Puyallup Tribe of Indians.

Applicant name (print) _____

Applicant signature _____

Date _____



PUYALLUP TRIBE OF INDIANS



ACH AUTHORIZATION FORM INDIVIDUAL

Use this form to start, stop or change an ACH authorization for payments from Puyallup Tribe Accounting.

2 Required Documents!

- 1** This completed ACH Authorization form
- 2** A voided check or a savings deposit slip or a bank letter with your account and routing numbers.

How to Submit 2 required documents:

- 1. Deliver in-person to CDO at PTOI Admin Building**
 - Must present driver's license or ID card or Tribal ID
- 2. Mail, email or fax to the below.**

***** Notary required for mail, email, or fax *****

Mail: Accounting Department

Puyallup Tribe of Indians

3009 E Portland Ave

Tacoma, WA 98404

Fax: 253.573.7944

Email: Accounting.CustomerService@PuyallupTribe-nsn.gov

Part I: Payee Information

| | |
|---|---------------------------------------|
| Type of Action <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel | Name _____ Tribal ID #: _____ |
| | Address _____ |
| | City _____ State _____ Zip Code _____ |
| | Phone _____ Email _____ |

Part II: Bank Information

Name of Bank or Credit Union _____

Bank Routing Number* _____ (9-digits) Account Number* _____

Account Type Personal Checking Personal Savings

If you select **Personal Checking** you must submit this form **along with a copy of a voided check** for the bank account specified above. If you select **Personal Savings** you must submit this form **along with a copy of a savings deposit slip**. Or, a **bank letter from banking institution with your account and routing numbers**.

Part III: Authorization

I authorize the Puyallup Tribe of Indians to deposit funds into the above-named account and to recover any funds deposited into this account in error. I understand it is my responsibility to verify that funds are in my account before I make a withdrawal.

I certify I have read and understand the information contained in this form and that I am authorized to enter into this agreement as the account holder.

Authorized Signature _____ Print Name: _____ Date: _____

WITNESS OF SIGNATURE

State of _____
County of _____

On this ____ day of _____, 20____, this record was signed before me by _____.

{Notary Seal}

Notary Public Signature

My Commission expires: _____