



4112 Hwy. 105, P.O. Box 560
Tokeland, Washington 98590

Phone: 360-267-2048
Fax: 360-267-0198

APPLICATION FOR EMPLOYMENT

Please read the entire application before you begin filling it out. Answer all questions, indicate "None" where applicable. Answers should be printed or carefully written in ink so that they are clear and readable. This application must be completed in its entirety before any offer of employment may be considered.

Shoalwater Bay Casino is an Equal Opportunity Employer. It is our policy to recruit, hire, train and promote qualified persons without regard to race, sex, religion, national origin, age or disability.

Give special attention to experience relative to the job in which you are applying. Be specific and thorough. Do not substitute your resume for information requested.

Position Applied For: _____ Date of Application: _____

Name: _____
Last First Middle

Present Address _____

Street _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Message Phone: _____ Social Security Number: _____

Are you willing to work: Full Time Part Time Temporary Seasonal
Are you willing to work: Nights Weekends Holidays Overtime

Acceptable salary/wage: \$ _____ per _____

On what date would you be available for work? _____

Do you have reliable transportation? _____

Have you ever been convicted of a crime (other than minor traffic violations), or are you awaiting trial for a crime?
Answering "yes" will not necessarily disqualify an applicant from employment. Yes No

If yes, please explain _____

If hired, are you willing to take a screening test covering legal and illegal substances and alcohol subject to abuse?
 Yes No

Do you have a high school diploma or equivalent (GED)?

Yes

No

Circle the highest grade completed, not including college:

1 2 3 4 5 6 7 8 9 10 11 12

Education or Special Training Beyond High School

Name of School/Location	Course of Study	Graduate? Degree/Date Received

Native American Preference Policy

It is the policy of Management to set guidelines as determined by standards of education, experience, aptitude and character. The Shoalwater Bay Tribe maintains a policy for hiring order of preference: 1) Shoalwater Tribal Members, 2) their immediate family and 3) other Native Americans.

Are you a Native American Tribal Member?

Yes

No

Which Tribe? _____

Tribal Enrollment Number: _____

Are you a spouse of a Native American Tribal Member?

Yes

No

Spouse's Name _____

Which Tribe? _____

To conform with all State and Federal laws relating to gaming and alcohol, are you over the age of 21?

Yes

No

If you are under the age of 18, can you provide required proof of your eligibility to work?

Yes

No

Do you have a current Tribal Gaming License?

Yes

No

Type of license: _____ Expiration date: _____

Have you ever filed an application with us before?

Yes

No

Have you ever been employed with us before?

Yes

No

Are you currently employed?

Yes

No

Do we currently employ a member of your family?

Yes

No

Family member name: _____

Are you able to perform the required functions of the job for which you are applying?

Yes

No

As required under the Immigration Reform and Control Act, any person working for Shoalwater Bay Casino, regardless of the nature of the job or the number of hours or months employed, you will be required to show proof of identity and work eligibility. Do you legally have the right to work in the U.S.?

Yes

No

Have you had any job related training in the United States Military? If yes, please describe. _____

Yes

No

Employment History

In the spaces below, list the specific tasks and responsibilities included in your work history, beginning with your present employer. List all employment for the last 5 years and explain all gaps in your employment. Employment verification may be made regarding all of your past experience. Use additional pages if necessary.

Starting Date	Ending Date	Starting Wage	Ending Wage	Hours/Week
Your Title				
Previous Employer/Name		Address		Phone
Supervisor/Name & Title		Reason for Leaving		
Job Duties (Be Specific)				

Starting Date	Ending Date	Starting Wage	Ending Wage	Hours/Week
Your Title				
Previous Employer/Name		Address		Phone
Supervisor/Name & Title		Reason for Leaving		
Job Duties (Be Specific)				

Starting Date	Ending Date	Starting Wage	Ending Wage	Hours/Week
Your Title				
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Supervisor/Name & Title		Reason for Leaving		
Job Duties (Be Specific)				

Starting Date	Ending Date	Starting Wage	Ending Wage	Hours/Week
Your Title				
Previous Employer/Name		Address		Phone
Supervisor/Name & Title			Reason for Leaving	
Job Duties (Be Specific)				

Please explain any gaps in your work history.

List any special skills and qualifications that you feel would especially qualify you for this position.

Employment References

Give the names of 3 individuals who are qualified to evaluate your capabilities. Do not include relatives.

Name	Address	City	State	Phone

Signature of Applicant

The information I have provided in this application for employment is true, correct and complete. I understand that if employed, false statements or material omissions contained in my application papers, including facts not required by the application but which could affect employability and/or job performance, or failure to show evidence of my identity and legal authority to work in the U.S. will be considered sufficient cause for dismissal. Shoalwater Bay Casino has my permission to contact my previous employers, review my personnel files and/or conduct whatever background checks are necessary to determine my fitness for work.

_____ Date

_____ Signature of Applicant