

APPLICATION FOR EMPLOYMENT

Last Name		First Name		Middle Initial	
Street		City		State	ZIP
Home Phone	Cell Phone	Message Phone		Social Security Number	
Positions Applied for:	1.	2.			
Tribal Preference	Squaxin Enrollment Number	Other Native American Tribe Enrollment Number		Squaxin spouse	
Have you worked here before? Yes__No_____	If so, when?	Family Employed Here? Yes__No__		Names:	
What Shifts can you work? Day Swing Grave (Please Circle)	Are you available for Full-time Part-time On-call (Please Circle)	In order to be hired for most of the positions in the casino, you must be at least 21 on the start date. Are you 21? Y N If not, when will you be 21? _____			

Education

Did you graduate from High School or receive a GED () Yes () No

Name and Location of College, University or Tech School	From	To	Degree/Hours/Certification

Do you have any of the following licenses: Class III Gaming License Y or N Key Person License Y or N
 Current food handlers permit Y or N Class 13 Alcohol Servers Permit Y or N
 Class 12 Mixologist Y or N Valid Wa. State Drivers License Y or N

APPLICATIONS FOR F&B WILL NOT BE PROCESSED WITHOUT A COPY OF A VALID WA. STATE FOOD HANDLER'S PERMIT ATTACHED

Are you a veteran? () Yes () No From _____ to _____. Branch of Service _____

Criminal conviction. (Conviction does not automatically bar you from employment. Each case is considered based on job duties and areas performed.) Excluding traffic tickets, do you have any criminal history in the last ten (10) years? () Yes () No If Yes, please explain.

FAILURE TO DISCLOSE CRIMINAL HISTORY WILL LEAD TO YOUR GAMING LICENSE BEING DENIED

Work History

List your work experience for the past ten years, beginning with your most current employment. Include periods of self-employment, military service, and volunteer work

1. Employer	From	to
Address		
Position	Supervisor	
Phone	Starting salary	Ending Salary
Duties		
Reason for Leaving:		
2. Employer	From	to

Address		
Position	Supervisor	
Phone	Starting salary	Ending Salary
Duties		
Reason for Leaving		
3. Employer	From	to
Address		
Position	Supervisor	
Phone	Starting salary	Ending Salary
Duties		
Reason for Leaving		
4. Employer	From	to
Address		
Position	Supervisor	
Phone	Starting salary	Ending Salary
Duties		
Reason for Leaving		

Other Skills

References

Name	Address	Phone

Release and Certification

I understand that Human Resources, Little Creek Casino Resort and the department managers to whom this application is referred, may check my references and work experiences. I consent to this process and no liability shall be incurred by any person or corporation or institution for supplying such information. The information provided by me in the process of completing this application is true and correct to the best of my knowledge. I understand that falsification of information is misconduct and cause for discharge should I be offered a position. I understand that this application does not constitute an offer or contract for employment.

Signature of Applicant

Date

PRE-EMPLOYMENT SURVEY:

SIGE is committed, in spirit as well as in action, to abide by all laws dealing with Equal Opportunity Employment. It is our policy to guarantee equal employment opportunities for all persons without regard to their age, race, creed, color, national origin, typical blood trait, ancestry, marital status, sex, liability for/or prior service in the Armed Forces of the United States, or because of any mental or physical handicap without creating undue hardship on the operation of the business, or their status as rehabilitated offenders.

Further SIGE will exercise in good faith, reasonable actions to ensure the recruitment, employment, upgrading, demotion, transfer, training, compensation, lay-off,

Disciplining and termination of all persons without regard to the characteristics listed in the foregoing.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. This information will be treated confidentially. Every applicant is requested to submit this completed survey with their employment application. In no case will this information be utilized as a basis for discrimination in the selection process or in the conditions or terms of any individual's employment.

My sex is: Male Female

My race is: Native American Indian, *enrolled* *not enrolled*

Black (*Afro-American*) White (*Caucasian*) Eskimo

Asian Hispanic Other _____

If you have a physical or mental handicap, or are a disabled veteran, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

Disabled individual Disabled Veteran

Are you a veteran of the Armed Forces of United States of America? Yes No

My age is: 18 to 20; 21 to 39; 40 to 70; Over 70

County of Residence: Mason; Thurston; Lewis; Grays Harbor

Jefferson; Other _____

