



Elwha River Casino
631 Stratton Road
Port Angeles, WA 98363
(360) 452-3005
Fax (360) 452-9318

Application for Employment
(Please Print or Type Clearly)

Date: _____		
Name: _____ (Last) (First) Middle	Social Security # _____ - _____ - _____	
Present Address: _____	Telephone No. (_____) _____ Alternate No. (_____) _____	
_____ (City)	_____ (State)	_____ (Zip)
Email Address: _____		

Are you legally eligible for employment in the U.S.A.? Yes No (If "yes" verification will be required)

Position Applied For: _____

Have you Ever been employed by the Elwha River Casino before? Yes No

(If "yes" give dates and titles)

Title: _____ from _____ to _____
MO./YR. MO./YR.

Title: _____ from _____ to _____
MO./YR. MO./YR.

Have you ever been convicted of a felony? Yes No If "Yes" list year and offense _____

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

If your application is considered favorably, on what date will you be available for work? _____

List any other experiences, skills or qualifications which will be of special benefit in the job for which you are applying (Do not list any information that Federal and/or State law precludes obtaining in the pre-employment stage).

RECORD OF EDUCATION

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST				DID YOU GRADUATE?	LIST & ATTACH DIPLOMA OR DEGREE
		YEAR COMPLETED					
High Sch or GED		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (Specify)		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any honors you have received: _____

Please fully complete this application. **DO NOT WRITE "SEE RESUME"**. However, a re-sume may be submitted as a supplement, but may not be used in place of requested application form and information.

Attach resume to completed application.

EMPLOYMENT HISTORY

(Begin with your most recent employer)

1. Name of Company _____
 Mailing Address _____ City: _____ State: _____ Zip _____
 Name of Supervisor _____ Phone (_____) _____
 Your Job Title: _____ Salary: _____
 Months/Years Employed From: ____/____ To: ____/____ Average Hours Per Week: _____
 Reason for Leaving: _____
 Job Duties: _____

2. Name of Company _____
 Mailing Address _____ City: _____ State: _____ Zip _____
 Name of Supervisor _____ Phone (_____) _____
 Your Job Title: _____ Salary: _____
 Months/Years Employed From: ____/____ To: ____/____ Average Hours Per Week: _____
 Reason for Leaving: _____
 Job Duties: _____

EMPLOYMENT HISTORY (Continued)

3.
Name of Company _____
Mailing Address _____ City: _____ State: _____ Zip _____
Name of Supervisor _____ Phone (____) _____
Your Job Title: _____ Salary: _____
Months/Years Employed From: ____/____ To: ____/____ Average Hours Per Week: _____
Reason for Leaving: _____
Job Duties: _____

3. If there is a particular employer(s), you do not wish us to contact, please indicate which one(s).

PERSONAL REFERENCES

(Former Supervisors, Not Relatives or Friends – Be Clear on
address and phone Number)

1. Name: _____ Occupation: _____
Mailing Address: _____ Phone: _____
2. Name: _____ Occupation: _____
Mailing Address: _____ Phone: _____
3. Name: _____ Occupation: _____
Mailing Address: _____ Phone: _____
4. Name: _____ Occupation: _____
Mailing Address: _____ Phone: _____

APPLICANT

PLEASE READ CAREFULLY BEFORE YOU SIGN ON THE LINE PROVIDED

I hereby give my permission to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the Tribe any letters, reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. In addition, I hereby release the Elwha River Casino, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Applicant's Signature: _____ Date: _____

In case of emergency contact: _____ Telephone: (____) _____

INDIAN PREFERENCE POLICY

In accordance with 42 USC Sec. 2000e2(i), 42 USC (Definition-Indian), and ever reasonable Elwha River Casino will hire in the following order of priority,

42 USC (Definition Native) when-

1. Lower Elwha Klallam Tribal Members
2. Other Enrolled Native Americans Indians or Alaska Natives
3. Descendants of the Lower Elwha Tribe members
4. Non-Indian Applicant

If you wish to claim Indian Preference, check one and enter information:

- I am an Enrolled Lower Elwha Klallam Tribal member. My Tribal Number is _____
- I am enrolled with _____ Tribe. My Roll Number is _____
- I am a Lower Elwha Klallam Tribal Descendant, not enrolled. I am a descendant of _____

CERTIFICATION

YOU MUST SIGN THIS APPLICATION

READ CAREFULLY BEFORE YOU SIGN!

I certify that, to the best of my knowledge, all of my statements are true, correct, complete and made in good faith. I understand that any false or misleading statement on this application may result in my not being hired, or dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I consent to the release of information concerning my personal history and background that I have listed on this application. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I release any person, firm, or institution from all liability from any damage for issuing such information. I acknowledge that the Elwha River Casino & Tribe require a Pre-Employment Drug Test in accordance with Tribal & Casino Policies and Procedures and all employment offer is contingent upon successful passing. If an employee refuses to be tested or test positive maybe terminated or may be referred for treatment in accordance with Lower Elwha Klallam Tribal drug policies and procedures.

Signature of Applicant _____

THE FOLLOWING FOR HUMAN RESOURCE USE ONLY

1. Positions(s) Applied for open ____Yes____No. Applicant Eligible for hire in this position____Yes____No
2. If 2 is No, Letter of Explanation Sent on _____.
3. Position(s) Considered For: _____,
4. Reference Checks Sent ____Yes, ____No

Name: _____ Date: _____

Address: _____

Name: _____ Date: _____

Address: _____

Name: _____ Date: _____

Address: _____

Name: _____ Date: _____

Address: _____

Name: _____ Date: _____

Address: _____