



EMPLOYMENT WORK HISTORY

List your work experience for the past five years, including periods of self-employment, military, volunteering and periods of employment.

1.) Employer		Employer's Phone Number ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Employed (State Month/Year) From: / To: /	
Name of Immediate Supervisor	Monthly Pay Start: Last:		Average Hours Per Week
State Job Title and Specific Duties			
Reason for Leaving:			
2.) Employer		Employer's Phone Number ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Employed (State Month/Year) From: / To: /	
Name of Immediate Supervisor	Monthly Pay Start: Last:		Average Hours Per Week
State Job Title and Specific Duties			
Reason for Leaving:			
3.) Employer		Employer's Phone Number ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Employed (State Month/Year) From: / To: /	
Name of Immediate Supervisor	Monthly Pay Start: Last:		Average Hours Per Week
State Job Title and Specific Duties			
Reason for Leaving:			
4.) Previous Firm or Employer		Employer's Phone Number ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Employed (State Month/Year) From: / To: /	
Name of Immediate Supervisor	Monthly Pay Start: Last:		Average Hours Per Week
State Job Title and Specific Duties			
Reason for Leaving:			
5.) Previous Firm or Employer		Employer's Phone Number ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Employed (State Month/Year) From: / To: /	
Name of Immediate Supervisor	Monthly Pay Start: Last:		Average Hours Per Week
State Job Title and Specific Duties			
Reason for Leaving:			



REFERENCES

◆ Please list three references.

Name	Address	Occupation	Phone Number

MILITARY INFORMATION

Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what branch?
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OTHER INFORMATION

Do you have transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have automobile insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked Yes, the applicant's driving record is subject to review for tribal insurance purposes. Please note anything that you feel would add you in seeking the position you are applying for:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you on probation for either? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes to any of the above questions please elaborate:
OPTIONAL
Are you currently, or have you ever been a habitual user of alcohol or habit forming non-prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If treatment was sought please describe when, where, and who provided treatment.
A positive answer to any of the above questions does not prohibit you from being hired for the position you are applying for. We do ask that you elaborate on the answer. <hr/> <hr/>

DATE AND SIGNATURE

All answers and statements made are true and complete to the best of my knowledge. Furthermore, I hereby give the Lucky Dog Casino permission to verify all information and references on this application.

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentation or omission of facts called hereon will be sufficient cause for cancellation or consideration for employment or dismissal from the organization if I have been employed.

Applicant's Signature

Date



Please Read the Following Statements Carefully

With a signature below, the applicant acknowledges asking for assistance with the following:

1. **Truthfulness:** The applicant hereby states that the information contained in this application is true, correct and complete to the best of his/her knowledge. The applicant understands that falsification, omission or misrepresentation of information on this application or any subsequent information made by The Lucky Casino or its agents (here after referred to as (LDC) are grounds for withdrawal of the offer of employment and/or disciplinary action up to and including the termination of employment.
2. **Background Check:** The applicant hereby authorizes LDC to conduct a routine inquiry during LDC's initial and subsequent processing of this application which will provide LDC with applicable information concerning the applicant's character, general reputation, personal characteristics, personal credit history and any other information which is determined by LDC to be necessary to determine the applicant's suitability for employment. The applicant's signature below also authorizes such inquires to be held at any time during employment with LDC should the applicant be employed by LDC.
3. **Identification:** The applicant acknowledges that Federal Law prohibits companies from hiring any person unless he/she presents documents, which establish that person's identity and eligibility to work in the United States. The applicant acknowledges that providing such documentation is a condition of employment.
4. **Gaming License:** State Law and Skokomish Tribal Gaming Commission policy prohibit any person to work at The Lucky Dog Casino without obtaining and maintaining a valid {non-gaming or gaming} license as issued by the Skokomish Tribal Gaming Agency. The applicant acknowledges that obtaining and maintaining such a license is a condition of employment.
5. **Drug Testing:** The Lucky Dog Casino is committed to providing quality work and service by providing a healthy, safe, drug-free workplace for its employees, council members, and the community which it serves. To achieve this goal, final applicants for employment will be tested for illegal drugs and alcohol after receiving a conditional job offer.
6. **At Will Employment:** The applicant acknowledges that this application for employment in no way implies a contract for employment between the applicant and LDC. If employed by LDC, the applicant further understands that his/her employment is terminable by LDC at will, that he/she is not being employed for any specified time, and that employment is not guaranteed in any way through a contract unless defined specifically in a written agreement authorized and signed by the General Manager/CEO and/or the Tribal Chairperson of the Skokomish Indian Nation and the applicant/employee.
7. **Health Examination:** The applicant is aware that some positions at LDC may require the applicant to undergo a health examination as a prerequisite for employment and that the information from this examination will be released on a need to know basis to LDC.
8. **General Release:** The applicant hereby releases LDC, its agents and any person or entity that provides or receives information pursuant to the above statements from any and all liability and any damage which may arise there from.
9. **Preference:** Indian preference applies with first preference given to enrolled Skokomish Tribal members. Applicants not entitled to or who fail to claim Indian preference will receive consideration without regard to ethnic/national origin, marital status, sexual orientation, religion, disability status, or membership in another Tribal organization.

Applicant's Signature

Date