



ELWHA RIVER CASINO

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

**PLEASE ATTACH A
COPY OF YOUR
DIPLOMA OR G.E.D.**

Application for Employment
(Please print or type clearly)

DATE: _____

NAME: _____ SOCIAL SECURITY #: _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: _____ TELEPHONE #: (____) _____
(STREET) ALTERNATE #: (____) _____

(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", please give dates and titles)

TITLE: _____ FROM: _____ TO _____

TITLE: _____ FROM: _____ TO _____

Have you ever been convicted of a felony? Yes No (If "yes", list year convicted and offense)

Year convicted: _____ 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 YEAR COMPLETED				DID YOU GRADUATE?	LIST & ATTACH DIPLOMA OR DEGREE
			1	2	3	4		
High School Or G.E.D.							<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE							<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (Specify)							<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

Describe honors you have received: _____

Please fully complete this application. DO NOT WRITE "SEE RESUME". However, a resume' 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)

NAME OF COMPANY _____

MAILING ADDRESS _____ CITY _____ STATE _____

NAME OF SUPERVISOR _____ PHONE (____) _____

YOUR JOB TITLE _____ SALARY _____ PER _____

MONTHS/YEARS EMPLOYED _____ FROM ____/____/____ TO ____/____/____ AVERAGE HOURS PER WEEK _____

REASON FOR LEAVING _____

JOB DUTIES _____

NAME OF COMPANY _____

MAILING ADDRESS _____ CITY _____ STATE _____

NAME OF SUPERVISOR _____ PHONE (____) _____

YOUR JOB TITLE _____ SALARY _____ PER _____

MONTHS/YEARS EMPLOYED _____ FROM ____/____/____ TO ____/____/____ AVERAGE HOURS PER WEEK _____

REASON FOR LEAVING _____

JOB DUTIES _____

EMPLOYMENT HISTORY (Continued)

NAME OF COMPANY _____

MAILING ADDRESS _____ CITY _____ STATE _____

NAME OF SUPERVISOR _____ PHONE (____) _____

YOUR JOB TITLE _____ SALARY _____ PER _____

MONTHS/YEARS EMPLOYED _____ FROM _____/_____/____ TO _____/_____/____ AVERAGE HOURS PER WEEK _____

REASON FOR LEAVING _____

JOB DUTIES _____

IF THERE IS A PARTICULAR EMPLOYER(S) THAT YOU DO NOT WISH FOR US TO CONTACT, PLEASE INDICATE WHICH ONE(S):

PERSONAL REFERENCES

(FORMER SUPERVISOR, NOT RELATIVE OR FRIENDS – BE CLEAR ON ADDRESS AND PHONE NUMBER)

NAME _____ OCCUPATION _____

MAILING ADDRESS _____ PHONE _____

NAME _____ OCCUPATION _____

MAILING ADDRESS _____ PHONE _____

NAME _____ OCCUPATION _____

MAILING ADDRESS _____ PHONE _____

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 person, 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 _____ PHONE _____

INDIAN PREFERENCE POLICY

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

1. Lower Elwha Klallam Tribal Members
2. Other Enrolled Native American Indians or Alaska Natives
3. Descendants of the Lower Elwha Tribal Members
4. Non-Indian applicant

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

I am an Enrolled Lower Elwha Klallam Tribal Member. My tribal enrollement number is:

I am enrolled with _____ Tribe. My tribal enrollement 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 statements 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 and Tribe require a Pre-Employment Drug Test in accordance with Tribal and Casino Policies and Procedures and all employment offers are contingent upon successful passing. If an employee refuses to be tested or tests positive, they may be terminated or may be referred for treatment in accordance with the Lower Elwha Klallam Tribal drug policies and procedures.

SIGNATURE OF APPLICANT _____

DATE _____

WASHINGTON STATE PATROL
Identification and Criminal History Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER OR COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$5.00 PER NOTARY SEAL _____ Notarized Letter(s)
(available by mail only)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

B REQUESTOR INFORMATION: (Please type or print clearly)

DATE: ____/____/____ Linda Laungayan _____
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Receive background results electronically Phone No. (360) 452-3005

linda.laungayan@elwharivercasino.com _____
Email address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Linda Laungayan _____
Name

631 Stratton Rd. _____
Address

Port Angeles WA 98363 _____
City State ZIP Code

Subject's Right Thumb Print (Optional)