

# PORT GAMBLE S'KLALLAM TRIBE THE POINT CASINO

## Employment Application

Please take the time to fill out this application completely, accurately and (PRINT) legibly. Applications that are incomplete or missing information will not be considered.

The Point Casino considers applicants for all positions without regard to race, color, creed, religion, gender, sexual orientation, age, national origin, marital status, veteran status, disability, or any other applicable legally protected status. Where appropriate, however, the Tribe will give hiring preference in the following order: 1) Port Gamble S'Klallam Indians, 2) other Native Americans, and 3) non-Indian candidates. [42 USC Sec. 200e2(i)] This preference is for the purpose of furthering the goals of self-determination and employment opportunities for the Tribe and its members.

Last Name _____	First Name _____	Middle Initial _____
Street Address _____	City _____	State _____ Zip Code _____
Home/Message Phone ( ) _____	Work ( ) _____	Cell Phone ( ) _____

What position(s) are you applying for? \_\_\_\_\_ Date available for work? \_\_\_\_\_

What are your salary requirements? \_\_\_\_\_ Shift(s) Available: Days  Evenings  Weekends

Would you prefer to work: Full time  Part time  Temporary/Seasonal  If part time, specify hours and days: \_\_\_\_\_

Are you 18 years of age or older? Yes  No  Are you 21 years of age or older? Yes  No

Are you interested in Dealer training? Yes  No  If yes, please check all that apply. Blackjack  Roulette  Craps

Will Visa or immigration status prevent lawful employment? Yes  No  *Proof of right to work in the U.S. will be required if hired.*

Have you been convicted of a felony or released from prison within the past seven years; or have you been convicted of a misdemeanor within the last 2 years; or are you currently on probation? (*A conviction may not necessarily disqualify you from employment.*) Yes  No

If yes, please indicate the date and nature of the offense: \_\_\_\_\_

Have you ever filed an application with us before? If yes, indicate date: \_\_\_\_\_

Have you ever been employed with us before? If yes, indicate date: \_\_\_\_\_

Were you referred by an employee? Yes  No  If yes, who? \_\_\_\_\_

### Education

High School Name & Location	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Passed <input type="checkbox"/> G. E. D.	
College/University Name & Location	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major	Date(s)
Graduate School	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major	Date(s)
Technical, Trade or Business School	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major	Date(s)
Other	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major	Date(s)

Were you known by any other name at any job or school listed on this application? Yes  No

If yes, what name (indicate school or employer)? \_\_\_\_\_

### Special Skills & Qualifications

Summarize special skills and qualifications acquired from employment or other experience applicable to the position for which you are applying.

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**Employment** Please start with your current or most recent employer, include Military service. Use additional paper if necessary.

**IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? YES  NO**

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Wage \_\_\_\_\_  
 Duties: \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Wage \_\_\_\_\_  
 Duties: \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Date Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Wage \_\_\_\_\_  
 Duties: \_\_\_\_\_

**Native Preference** (Please check one of the boxes if you wish to claim Native Preference.)

- I am enrolled Port Gamble S'Klallam Tribal Member My enrollment number is \_\_\_\_\_
- I am enrolled in \_\_\_\_\_ My enrollment number is \_\_\_\_\_
- I am a Port Gamble S'Klallam Community Member

**References**

List three references that have knowledge of your qualifications and/or suitability for the position(s) applied. Do not include relatives.

Name and Address	Occupation	Phone Number	Years Known

**Applicant's Statement – Alcohol/Drug Testing and Background Check Authorization**

This application form is intended for use in evaluating suitability for employment. False or misleading statements on this form and/or during an interview are grounds for terminating the application process or, if discovered after employment, terminating employment and benefits.

I understand this application does not constitute an employment contract of any kind. Should I be employed by The Point Casino, I may resign such employment at any time at my discretion with or without prior notice and The Point Casino may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

I authorize The Point Casino to investigate all statements contained in this application and to request information about me from previous employers, law enforcement agencies, financial institutions or other persons having personal knowledge about me to provide to The Point Casino, and/or its agents for the purpose of retention, employment or background investigation. I release both The Point Casino and any former employer from any liability concerning verification of the information I have presented in this application or subsequent interview(s).

I understand that alcohol/drug testing is a condition of employment and that I will be asked to submit a pre-employment test. I certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_