



APPLICANT NAME: _____ POSITION APPLYING FOR: _____

SWINOMISH NORTHERN LIGHTS CASINO
AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION - EMPLOYMENT PROCESS

Thank you for considering employment with Swinomish Northern Lights Casino. Before you complete a formal application for a position, we would like you to understand our employment process.

The information you provide on the application form or attached thereto is a very important part of the application/licensing process. The quality of the information provided on or with the application may determine whether or not you are called for an interview and are qualified to be licensed to work within the Casino or Bingo Hall. Persons selected for interviews will be called or otherwise notified usually within ten (10) days following the date of application. **Those who do not receive notification within this time period must assume they were not selected for an interview. No formal notification will be sent by Swinomish Northern Lights Casino to unsuccessful applicants.** However, all applications will be kept in an active file for a period of three (3) months. Should the same or another position open for which the applicant wishes to apply he/she must request to be considered for the new opening. Consideration for subsequent openings is not automatic.

The applicants who are selected for personal interviews will be scheduled to interview by the Human Resources office in conjunction with the employing department. The successful applicant(s) will be called or otherwise notified by letter. Unsuccessful applicants will be notified similarly. PLEASE NOTE: Offer of employment is contingent upon successful passing of drug screen, credit history background and licensing approval is received from the Gaming Commission.

If you have questions about the process, please request clarification. Our concern is that the process is as fair and unbiased as possible and that each applicant be given an equal opportunity for employment.

Persons that are employed will be required to provide their Social Security card in addition to other proof of citizenship or right to legally work in the United States that support those legal rights. (Passports, birth certificates, driver's licenses, military identification, visas, etc.)

If assistance for a disability accommodation is needed, please request this from the Human Resource office, at least twenty-four hours before hand.

**SWINOMISH NORTHERN LIGHTS CASINO
APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION

Referred by: _____

Date of Application: _____

Last Name	First Name	Middle Initial
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Present Address	City	State	Zip
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(_____)
Telephone Number

Have you worked for this company under a different name? YES NO

If Yes, please list: _____

Do you require special accommodation for the application or interview process? (please circle) YES NO

If you are not a citizen of the United States, please indicate your authorization to be employed: _____

EMPLOYMENT DESIRED

Date Available for Work ____ / ____ / ____

Position(s) applied for: _____ Salary Desired: _____

Are you available for (please circle): Full time - Part time - On call

Shifts you are available for (please circle): Days - Swings - Graves - Rotating - Weekends - Holidays

Would you be available to work overtime if needed (please circle): Yes No Occasionally

Are you currently employed? _____ If, so may we contact your present employer? _____

Have you applied with Swinomish Northern Lights Casino before, please indicate when: _____

If you have relatives employed with Swinomish Northern Lights Casino, please list:

Do you have any special skill, experience, or qualifications related to the position(s) you've applied, if yes, please list:

TRIBAL AFFILIATION

Are you a Swinomish Tribal Member? YES NO If YES, Enrollment # _____

Are you enrolled member of another Tribe? YES NO If YES, List Tribal and Enrollment # _____

MILITARY SERVICE

Do you have military experience in the Armed Forces of the United States? Yes No

PREVIOUS EMPLOYMENT

(please list most recent employment first)

Employer: _____ Employment Dates: From ___/___/___ To: ___/___/___

Address: _____ City: _____ State: _____

Job Title: _____ Duties: _____

Supervisor: _____ Salary: Starting: _____ Final: _____

Phone: (_____) _____ Reason for Leaving: _____

Employer: _____ Employment Dates: From ___/___/___ To: ___/___/___

Address: _____ City: _____ State: _____

Job Title: _____ Duties: _____

Supervisor: _____ Salary: Starting: _____ Final: _____

Phone: (_____) _____ Reason for Leaving: _____

Employer: _____ Employment Dates: From ___/___/___ To: ___/___/___

Address: _____ City: _____ State: _____

Job Title: _____ Duties: _____

Supervisor: _____ Salary: Starting: _____ Final: _____

Phone: (_____) _____ Reason for Leaving: _____

Employer: _____ Employment Dates: From ___/___/___ To: ___/___/___

Address: _____ City: _____ State: _____

Job Title: _____ Duties: _____

Supervisor: _____ Salary: Starting: _____ Final: _____

Phone: (_____)_____ Reason for Leaving: _____

EDUCATION

High School Name/Location: _____ Grades Completed > 9 10 11 12

OR

GED Completed- Date and Location: _____

College/University – Name/Location: _____

Courses of Study: _____

List any special skills/training: _____

Professional trade, business, or civic activities and offices held: _____

(You may excluded memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status)

REFERENCES (please list 3 non-relatives whom you have known for at least one year)

1. Name/Address: _____

Phone: (____) _____ Years Known: _____ Relationship: _____

2. Name/Address: _____

Phone: (____) _____ Years Known: _____ Relationship: _____

3. Name/Address: _____

Phone: (____) _____ Years Known: _____ Relationship: _____

EMERGENCY INFORMATION *(In Case of an Emergency who should we notify?)*

Name: _____ Phone: (____) _____

Address: _____

AUTHORIZATION TO RELEASE INFORMATION

I have completed the above application to the best of my ability. All statements made are true. I understand that if any statements made by me are found false, I will not be considered for employment or my employment may be terminated.

In order that Swinomish Northern Lights Casino may be fully informed regarding my personal character and qualifications for employment, I hereby authorize any person or entity to release any information or documents concerning me that may be requested by Swinomish Northern Lights Casino including but not limited to, information as to my former employment, education, credit history, driving record, social security wage information, criminal history and other information contained in public records or obtainable from former employers or other reference, business or personal. I hereby release any person or entity furnishing information or documents from any liability or claims that may result from furnishing the information requested.

PRINT NAME _____

SOCIAL SECURITY # _____

SIGNATURE _____

DATE _____