



EMPLOYMENT APPLICATION

SEVEN CEDARS RESORT A Jamestown S'Klallam Tribal Enterprise

FILL OUT THE APPLICATION COMPLETELY

Mark Locations of Interest:

- Casino
- Golf Course
- Market/Deli

PLEASE PRINT – ANSWER ALL QUESTIONS FRONT AND BACK IN INK

Personal Data

Date: _____

Name _____

Last

First

Middle

Address _____

No. Street

City

State

Zip

Phone Number _____ Message Number _____ Best Time to Contact _____

If offered employment, can you submit verification of your legal right to work in the United States? Yes No

If no, explain _____

If you are under the age of 21, indicate age _____

What other names have you used in prior employment or in school? _____

Are you an enrolled citizen/descendant of the Jamestown S'Klallam Tribe? Yes No

Citizen Descendant Citizen #: _____

Are you an enrolled member of another federally recognized tribe? Yes No

If yes, which tribe? _____ What is your enrollment/citizen #? _____

Position Information

Position Applied For _____ Experience: Years _____ Months _____

Shift Preferred	<input type="checkbox"/> Any	<input type="checkbox"/> Swing	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> On Call
	<input type="checkbox"/> Day	<input type="checkbox"/> Grave	<input type="checkbox"/> Part-Time	Time/Day for part-time:	

Date Available _____ Salary Desired _____

Are you able to perform the essential functions of the job for which you are applying? Yes No

If the answer is no, please specify any reasonable accommodation that would allow you to perform the essential functions of the job _____

Qualifications (Skills, experiences, licenses, certificates and/or training you possess related to the position for which you applied) you may attach a resume, but also summarize here.

General Information

Do you have a current WA State Gaming License?

Yes Card # _____

No Exp. Date _____

Do you have a current Alcohol Awareness Card?

Yes Card # _____

No Exp. Date _____

Do you have a current Health Card?

Yes Card # _____

No Exp. Date _____

Have you been convicted of a crime other than minor traffic violations or are you awaiting trial for a crime? Yes No

If yes, please give dates, locations, nature, and disposition of the convictions _____

Answering "yes" will not necessarily disqualify an applicant from employment.

Have you ever applied at the 7 CEDARS RESORT? Yes No

Have you ever been employed by the 7 CEDARS RESORT? Yes No

If so, when? _____ What Position? _____

Under what name? _____

Do you have any relatives employed by the 7 CEDARS RESORT? Yes No

If so, please give names, positions and relationship _____

Relatives include mother, father, siblings, sons, daughters, aunts, nieces, nephews, grandparents, in-laws, step relative or spousal equivalent and their dependents employed by the 7 Cedars Resort.

EMPLOYMENT HISTORY – Beginning with your most recent experience, list below all present and past employment for the past ten (10) years. Use a separate sheet if necessary. Include summer or part-time employment or any unemployed or self-employed period. Show dates, earnings (if any), and location. Explain all gaps in your employment.

***** Do not substitute your resume for this information *****

Dates of Employment:	From – month/year	To – month/year	Hours per week
Position Title:			
Employer Name & Address:			
Supervisor Name, Title & Phone			
Duties/Responsibilities:			
Reason for Leaving:			
May we contact this employer?	Yes	No	Beginning Salary \$ Ending Salary \$

Dates of Employment:	From – month/year	To – month/year	Hours per week
Position Title:			
Employer Name & Address:			
Supervisor Name, Title & Phone			
Duties/Responsibilities:			
Reason for Leaving:			
May we contact this employer?	Yes	No	Beginning Salary \$ Ending Salary \$

Dates of Employment:	From – month/year	To – month/year	Hours per week
Position Title:			
Employer Name & Address:			
Supervisor Name, Title & Phone			
Duties/Responsibilities:			
Reason for Leaving:			
May we contact this employer?	Yes	No	Beginning Salary \$ Ending Salary \$

Schools	High School	College/University	Graduate
Name			
Address			
Circle Highest Grade Completed	9 10 11 12	1 2 3 4	1 2 3

Certificate/Degree/Other	Institution/Location

Give three (3) references (not relatives or former employers) whom you have known for at least five (5) years			
Name	Address (street, city, state)	Telephone Number	Yrs. Known

Any misrepresentation or omission of facts in my application or any attachments to my application may result in refusal of employment or, if employed, termination from employment.

Signed _____ Date _____

Certification and Agreement

Read carefully before signing

I understand and agree that:

1. Any misrepresentation or omission of facts in my application or any attachments may result in refusal of employment or, if employed, termination from employment.
2. In making this application for employment or, if hired as an employee of the 7 Cedars Resort (the Resort), I do hereby authorize the Resort to make inquiries into my employment history or my qualifications. I understand and agree that such inquiries, and information furnished, may be from anyone who has knowledge or information pertaining to my employment history or my qualifications. This information may include, but is not limited to, information and opinions pertaining to the nature of my former jobs and job duties and how I performed the essential functions of those positions. It may also include, but is not limited to the following: my character, habits, ability, records of conviction (if any), credit history, salary, attendance record, academic record, behavior, attitude, or other problems or good points perceived by the individual from whom the information is being sought, and reasons for leaving employment.
3. It is my understanding the Resort will make a thorough investigation of my work, educational, and personal history and may verify all data given in my application, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Resort; and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may result in refusal of employment, or if employed, termination from employment.
4. I understand and agree that any person authorized by the Resort can, at any time, request that I submit to a search of my person, purses, or packages in my possession, or any locker, desk or files that may be assigned to me. I understand that my refusal to submit to such a search may result in termination. I hereby waive all claims for damages resulting from such examination.
5. I understand and agree that at any time I may be required to take a physical examination, blood, urine, or hair test at the Resort's expense, unless I am under a work agreement that stipulates otherwise, to determine if I am alcohol or drug free and physically fit for the job I am responsible to perform. Failure to submit to such testing may result in termination from the Resort.
6. I further understand that the Resort can change wages, benefits and/or working conditions at any time and that I may be required to work overtime, holidays, or on weekends.
7. I understand that the Resort may, from time to time, establish rules, regulations, policies, and/or disciplinary procedures, some of which may be reduced to writing. In consideration of my employment, I agree to conform to all applicable rules, regulations, policies, and/or disciplinary procedures of the Resort and/or any department thereof. I understand that those rules, regulations, policies and/or disciplinary procedures are not intended by the Resort to create an obligation of continued employment.
8. I understand that this document is an application for employment and employment is not guaranteed. I hereby understand and agree that my employment, both during and after any introductory or orientation period, is for an indefinite period and that nothing in this application or any other Resort document shall further guarantee my employment and my employment can be terminated at will at any time by myself or the Resort for any or no cause. I understand that employment beyond any introductory or orientation period or employment for a number of years shall not result in any heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me. I further understand that no representative of the Resort has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing except in a written document signed by a member of Executive Management of the Resort.
9. Further, I authorize the Resort to seek any agency to release any criminal information concerning me, including, but not limited to the results of and reports concerning any investigations and any and all documentation, test results, or information of any type obtained from any source during the course of such investigation.
10. I release, promise to hold harmless, and covenant not to sue the Resort on the basis of its attempts to obtain any of the foregoing information. I further release, promise to hold harmless, and not to sue any persons, firms, institutions, or agencies providing such information to the Resort on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

Applicant's Signature

Date

Applicant's Name (Please Print)

**Pre-employment Drug
Testing Procedure Consent Form**

I hereby acknowledge that, as a requirement for consideration for a position with the 7 Cedars Resort (the Resort), I must submit to a Pre-employment Drug Testing Procedure. If I refuse and choose not to submit to the Drug Testing Procedure, I will be automatically disqualified as an eligible applicant for employment at the Resort. I further understand that if my test results are positive, I will not be eligible for any positions at the Resort and that the Resort is not obligated to conduct another drug test on me. Additionally, I understand that if my test results are negative, it does not guarantee me an offer of employment, but only qualifies me to be considered for employment at the Resort. I further agree to the release of the test results to the Resort (and/or to a designated agent of the Resort) and that the results may be used as grounds for denying me employment with the Resort.

All documents pertaining to the Drug Testing Procedures belong to The Resort, and the Resort is not obligated to provide any said documents to me.

I release, promise to hold harmless, and covenant not to sue the Resort on the basis of its attempts to obtain any of the forgoing information. I further release, promise to hold harmless, and covenant not to sue any persons, firms, institutions, or agencies providing such information to the Resort on the basis of their disclosures.

I have fully read or have had read to me and understand the contents of this form, and I voluntarily of my own free will sign this consent form, which authorizes the Resort to conduct the Pre-employment Drug Testing Procedure.

Applicant's Signature

Date

Applicant's Name (Please Print)

_____ I will not participate in the Resort's Pre-employment Drug Testing Procedure.

Note: If applicant is under age 18, signature of parent or legal representative is required.

I declare under penalty of perjury under the laws of the State of Washington that I am the parent or legal representative of the above applicant and that I consent to everything written above.

Signature of Parent or Representative

Date

Print Name of Parent or Representative

Customer Service Training Classes

I understand that I am required to attend a two day customer service class within the first Two (2) months of employment. Classes are normally held the second Tuesday and Wednesday of the month from 9am – 5pm. *Minors in school are still required to attend.*

Applicant's Signature

Date

Applicant's Name (Please Print)

Note: If applicant is under age 18, signature of parent or legal representative is required.

I declare under penalty of perjury under the laws of the State of Washington that I am the parent or legal representative of the above applicant and that I consent to everything written above.

Signature of Parent or Representative

Date

Print Name of Parent or Representative