

ATTENTION

Please be aware if the employment application package is not completely filled out, **every question answered,** then it will be considered an incomplete application and will not make it onto the database.

Thank you



THIS PACKET MUST BE SUBMITTED WITH YOUR EMPLOYMENT APPLICATION

Your **timely response** in completing this employment package fully and accurately, shows your commitment to employment with Little Creek Casino Resort.

Thank you for your interest in working at Little Creek Casino Resort. Along with the application for employment, we have enclosed a Class II Gaming License Application. Both must be submitted, along with your ID our commitment to employment with Little Creek Casino Resort.

Please feel free to contact us with any questions!

Erika Thale, SIT Recruiter 360-432-7036 April Olson, HR Staffing Specialist 360-432-7037

The following 6 items are also required:

- 1) For Identification you must provide one of the following:**
Driver's License OR ID Card issued by federal, state or local government agency, OR Tribal ID, OR School ID Card w/ a photograph, OR Voter's Registration Card, OR U.S Military Card, OR Military Dependent's ID Card, OR U.S Coast Guard Merchant Mariner Card, OR U.S Citizen ID Card, OR Birth Certificate, OR U.S Passport
- 2) Copy of Social Security Card**
- 3) Last 5 Years of Residence History**
Addresses and Dates of where you have lived
- 4) Any and All Criminal History you may Have!**
Excluding Traffic Violations
Complete history, Charge, Date, City, Name and address of Courts involved and Disposition
- 5) Last 5 years employment history**
Names & Addresses of businesses worked for
Position Held
Dates of Employment
- 6) 3 Personal References**
Complete mailing addresses, current phone numbers
Non Family Members only

IMPORTANT
PLEASE INCLUDE A
CURRENT COPY OF
YOUR WA STATE FOOD
HANDLERS PERMIT IF
YOU WOULD LIKE TO
BE CONSIDERED FOR
ANY FOOD &
BEVERAGE POSITION



APPLICATION FOR EMPLOYMENT
processed

only completed applications will be

Last Name		First Name		Middle Initial	
Street		City		State ZIP	
Home Phone		Cell Phone		Message Phone	
Social Security Number					
Positions Applied for:		1.		2.	
Tribal Preference <i>Tribal ID Required</i>		Squaxin Enrollment Number		Other Native American Tribe Enrollment Number	
Squaxin spouse					
Have you worked here before? Yes ___ No ___		If so, when?		Family Employed Here? Yes ___ No ___	
Names:					
What Shifts can you work? Day Swing Grave (Please Circle)		Are you available for Full-time Part-time On-call (Please Circle)		In order to be hired for most of the positions in the casino, you must be at least 21 on the start date. Are you 21? Y N If not, when will you be 21? _____	

Education

Did you graduate from High School or receive a GED () Yes () No			
Name and Location of College, University or Tech School	From	To	Degree/Hours/Certification

Do you have any of the following licenses: Class III Gaming License Y or N	Key Person License Y or N
Current food handlers permit Y or N	Class 13 Alcohol Servers Permit Y or N
Class 12 Mixologist Y or N	Valid Wa. State Drivers License Y or N

APPLICATIONS FOR F&B WILL NOT BE PROCESSED WITHOUT A COPY OF A VALID WA. STATE FOOD HANDLER'S PERMIT ATTACHED

Are you a veteran? () Yes () No	From	to	Branch of Service
Criminal conviction. Are you now, or have you ever (as a Juvenile or an Adult) been charged, convicted of, or are you being currently prosecuted for a felony, misdemeanor or Criminal Traffic charge? () Yes () No If yes, please explain			
FAILURE TO DISCLOSE CRIMINAL HISTORY WILL LEAD TO YOUR GAMING LICENSE BEING DENIED			

Work History

List your work experience for the past ten years, beginning with your most current employment. Include periods of self-employment, military service, and volunteer work			
1. Employer	From	to	
Address			
Position	Supervisor		
Phone	Starting salary	Ending Salary	
Duties			

Reason for Leaving:		
2. Employer	From	To
Address		
Position	Supervisor	
Phone	Starting salary	Ending Salary
Duties		
Reason for Leaving		
3. Employer	From	to
Address		
Position	Supervisor	
Phone	Starting salary	Ending Salary
Duties		
Reason for Leaving		
4. Employer	From	to
Address		
Position	Supervisor	
Phone	Starting salary	Ending Salary
Duties		
Reason for Leaving		

Other Skills

References

Name	Address	Phone

Release and Certification

I understand that Human Resources, Little Creek Casino Resort and the department managers to whom this application is referred, may check my references and work experiences. I consent to this process and no liability shall be incurred by any person or corporation or institution for supplying such information. The information provided by me in the process of completing this application is true and correct to the best of my knowledge. I understand that falsification of information is misconduct and cause for discharge should I be offered a position. I understand that this application does not constitute an offer or contract for employment.

Signature of Applicant

Date

PRE-EMPLOYMENT SURVEY:

SIGE is committed, in spirit as well as in action, to abide by all laws dealing with Equal Opportunity Employment. It is our policy to guarantee equal employment opportunities for all persons without regard to their age, race, creed, color, national origin, typical blood trait, ancestry, marital status, sex, liability for/or prior service in the Armed Forces of the United States, or because of any mental or physical handicap without creating undue hardship on the operation of the business, or their status as rehabilitated offenders.

Further SIGE will exercise in good faith, reasonable actions to ensure the recruitment, employment, upgrading, demotion, transfer, training, compensation, lay-off,

My sex is: _____ Male _____ Female

My race is: _____ Native American Indian, *enrolled* _____ *not enrolled* _____

_____ Black (*Afro-American*) _____ White (*Caucasian*) _____ Eskimo

_____ Asian _____ Hispanic _____ Other _____

If you have a physical or mental handicap, or are a disabled veteran, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

_____ Disabled individual _____ Disabled Veteran

Are you a veteran of the Armed Forces of United States of America? _____ Yes _____ No

My age is: _____ 18 to 20; _____ 21 to 39; _____ 40 to 70; _____ Over 70

County of Residence: _____ Mason; _____ Thurston; _____ Lewis; _____ Grays Harbor

_____ Jefferson; _____ Other _____

RECRUITMENT SURVEY: Please check the appropriate line

Recruitment Source: **NEWSPAPER** _____ **Specify** _____

RADIO _____ **Station** _____

TELEVISION _____ **Station** _____

Referral By Whom? _____ **Walk In** _____

Other _____

APPLICANT SIGNATURE

DATE

Squaxin Island Gaming Commission
Application for Class II/III and/or Key/PMO Employee Certification

Class II or III Employee

Key Employee

Primary Management Official

PERSONAL HISTORY STATEMENT FOR CLASS II, KEY EMPLOYEES AND PRIMARY MANAGEMENT OFFICIALS

PLEASE READ: In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission members and Tribal Gaming staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the hiring or firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to hire you in a primary management official, key employee or class II position.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

NAME OF CASINO: LITTLE CREEK CASINO AND HOTEL

EMPLOYMENT POSITION: _____ DATE: _____

SECTION ONE

NAME _____
(last) (first) (full middle)

(Other names used to include: alias names, maiden names, previous married names; written or oral)

DATE OF BIRTH _____ SOCIAL SECURITY # _____

PLACE OF BIRTH _____
(city) (county) (state) (country)

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____ GENDER (circle one) MALE FEMALE

CITIZEN: U.S. _____ OTHER _____ AGE _____ RACE _____ LIST LANGUAGES (spoken/written) _____

Are you an enrolled member of any Federally Recognized Tribe? Yes _____ No _____ Name of tribe _____
(Include a copy of Enrollment Card)

DRIVER'S LICENSE# (for the last five years) _____
(number) (state where DL is issued)

IS YOUR DRIVER'S LICENSE VALID? Yes _____ No _____ (MUST PROVIDE A COPY)

SECTION TWO

CURRENT ADDRESS _____
(street) (city) (state) (zip)

TELEPHONE# HOME- () _____ WORK- () _____

A. List of residences: Current and previous (5) years from the date of this application

Street Address	City	State	From(Mo/Yr)	To(Mo/Yr)

ALL CRIMINAL HISTORY MUST BE DISCLOSED.

If you have a charge that has been deferred, dismissed and/or closed it must be disclosed. If as an adult or juvenile you think your case was expunged or sealed, it is NOT unless you actually went to court and have legal paperwork to prove it.

I UNDERSTAND THAT FAILURE TO DISCLOSE ALL CRIMINAL HISTORY WILL RESULT IN MY LICENSE BEING DENIED. Initials: _____

I ALSO UNDERSTAND THAT IF I AM HIRED I AM REQUIRED TO NOTIFY THE SIGC LICENSING DIVISION WITHIN 72 HOURS OF BEING:

- Cited for a crime including criminal traffic The following traffic violations may be excluded from your disclosure: speeding, signal, sign, seatbelt and right-of-way.
- Arrested and/or detained
- Charged with a crime
- Convicted of a crime

FAILURE TO NOTIFY/DISCLOSE CAN RESULT IN DENIAL AND/OR REVOCATION OF YOUR LICENSE. Initials: _____

SECTION THREE The following traffic violations may be excluded from your application: speeding, signal, sign, seatbelt and right-of-way.

A. Are you now being or have you ever (as a **JUVENILE** or an **ADULT**) been detained, charged, arrested, prosecuted or convicted of a felony? (circle) YES NO

IF YES COMPLETE THE FOLLOWING INFORMATION FOR EACH CHARGE

DATE	CHARGE	NAME OF COURT	COMPLETE ADDRESS INCLUDING CITY AND STATE			DISPOSITION
			Street	City	State	

B. Are you now being or have you ever (as a **JUVENILE** or an **ADULT**) been detained, charged, arrested, prosecuted or convicted of a misdemeanor (excluding minor traffic violations listed above)? (circle) YES NO

IF YES COMPLETE THE FOLLOWING INFORMATION FOR EACH CHARGE

DATE	CHARGE	NAME OF COURT	COMPLETE ADDRESS INCLUDING CITY AND STATE			DISPOSITION
			Street	City	State	

C. Are you now being or have you ever (as a **JUVENILE** or an **ADULT**) been detained, charged, arrested, prosecuted or convicted of any crime (excluding minor traffic violation listed above) that is not otherwise listed in Section 3, A or B? (circle) YES NO

IF YES COMPLETE THE FOLLOWING INFORMATION FOR EACH CHARGE

DATE	CHARGE	NAME OF COURT	COMPLETE ADDRESS INCLUDING CITY AND STATE			DISPOSITION
			Street	City	State	

Attach a separate sheet of paper if you run out of room anywhere on this page

SECTION FOUR

A. Please provide information concerning your employment history for the past 5 years.

Employer's Name	Street	City	State	Zip	Phone	Position Held	From (mo/yr)	To (mo/yr)

(use separate sheet for continuation)

B. List any business you have owned or had interest in, it's address, your ownership interest or position held within the last 10 years.

Business Name	Street	City	State	Zip	Own/Interest/Position	From (mo/yr)	To (mo/yr)

(use separate sheet for continuation)

C. 1. List the names, current addresses and phone numbers of a minimum of three personal references including one personal reference who was acquainted with you during each period listed in Section Two, A (each residence) and Section Four B. (Businesses you owned or had interest in.) **DO NOT INCLUDE FAMILY MEMBERS.**

Name	Street	City	State	Zip	Phone

2. Do you have any family and/or roommates who work here? _____

(list their names and relationship)

D. Describe any previous or existing business relationships with Indian tribes or the Gaming Industry, including ownership interests in those businesses.

E. Financial or any other interest in gambling activities: please indicate by answering the following questions whether or not you have a financial interest in any gambling activity including non-Indian business or interest.

TYPE OF INTEREST HELD: (Circle answer)

1. Invested or loaned money, have an option to purchase, or have a contract for service to any gambling facility or activity? YES NO
2. Have ownership interest in equipment being leased or otherwise provided to any gambling facilities? YES NO
3. Have investment or ownership interest in any business involved in any activities listed in section Two, A and Section Four B? YES NO

4. Do you receive any revenue or payments or money from any person who is involved in the activities listed
 In section Two, A and Section Four, B, as a result of the operation of gambling? YES NO
5. Have you ever worked for, in any capacity, a gambling operation? YES NO

PLEASE EXPLAIN ALL YES ANSWERS

- F. Have you ever applied for a permit or license related to gaming? (Circle) YES NO
 Have you ever been denied a permit or license related to gaming? (Circle) YES NO

IF YES, PROVIDE THE FOLLOWING INFORMATION

TYPE OF LICENSE _____ STATE _____

AGENCY ISSUING LICENSE _____

ADDRESS _____ PHONE _____

IF LICENCE WAS REVOKED, PROVIDE THE DETAILS

(use separate sheet for continuation)

- G. Have you ever held or applied for a privileged or professional license with any regulatory agency? (Circle one) YES NO

IF YES, LIST THE NAME AND ADDRESS OF EACH LICENSING OR REGULATORY AGENCY

Name	Street	City	State	Zip

(use separate sheet for continuation)

SECTION FIVE

A. EDUCATION

	Name	City/State	# of years attended	Did you graduate?	Diploma or Degree received
High School					
Trade or Business School					
College					
Other (GED, training)					

I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge and believe they are made in good faith. I am aware that the purpose of this investigation is to establish suitability for a gaming license. I authorize and grant my consent to permit any Law Enforcement Agency and any other person, business or agency deemed necessary to release any information to the Squaxin Island Gaming Commission.

False Statement Notice

A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001)

NAME _____
 (Last Name) (First Name) (Full Middle)

SIGNATURE _____ DATE _____



Squaxin Island Gaming Commission
Release of Information Authorization

I, _____, authorize any investigator, special agent, or other representative of the United States Department of the Interior, the Federal Bureau of investigation, or any tribal, state or local law enforcement or investigatory agencies, in order to determine my suitability for involvement in Indian gaming, to obtain any information requested related to my activities including employment, schools, criminal justice agencies, financial or lending institutions, residential management agents, businesses, regulatory agencies, property interests (real or personal), medical institutions, hospitals and health care professionals, and other sources. This information includes, but is not limited to, my academic, residential, performance, disciplinary, financial, employment, and criminal history records, whether or not such information would otherwise be protected from disclosure by any constitutional statutory or common law privilege.

I authorize custodians of such records and sources of information to release such information, including permitting the review and copying of any and all documents, records or correspondence pertaining to me, upon request of the representative of the agencies listed above, regardless of any previous agreement to the contrary.

I do, for myself, my heirs, administrators, successors and assigns, hereby release, remise, and forever discharge any person to whom this request is presented and his agents and employees from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or may claim to have against such person or his agents or employees arising out of or by reason of complying with this request.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in this document.

I agree to indemnify and hold harmless any person to whom this request is lawfully presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I understand that the information released by records custodians and other sources of information is for required background investigations to process my license application for gaming employment or management, or providing goods or services to a gaming operation.

I, the Applicant, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

A reproduction of this authorization is the same as the original.

Department _____ Driver's License # _____

Date of Birth _____ Social Security # _____

Executed at (city) _____ (state) _____

On this _____ day of _____, 20_____.

Signature: _____

Subscribed and sworn before me on this

_____ day of _____, 20_____.

_____, Notary Public

NATIONAL INDIAN GAMING COMMISSION
AUTHORIZATION FOR RELEASE OF INFORMATION

PRESENTED TO: SQUAXIN ISLAND GAMING COMMISSION

I, _____
(Print or type applicant's name)

Hereby authorize release to the National Indian Gaming Commission (NIGC) any information requested in order for the NIGC to determine my suitability for involvement in Indian gaming.

This document authorizes release of requested information whether or not such information would otherwise be protected from disclosure by a constitutional, statutory or common law privilege.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document.

I authorize release of any information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document.

I authorize release of any information related to my activities including: schools, property interest (real and personal), employment, criminal justice agencies, regulatory agencies, business, financial institutions, lending institutions, medical institutions, hospitals, and health care professionals.

I authorize review and copying of all documents.

I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his or her agent) to whom this request is presented when such cause of action arises out of a response to a request for information pursuant to the Indian Gaming Regulatory Act of 1988 (25 U.S.C. & 2701 et seq.) I further agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such indemnification and holding harmless includes all claims, damages, losses and expenses, including reasonable attorney's fees.

A reproduction of this authorization is the same as the original.

Executed at (city)_____ . (state)_____

On this _____ day of _____, 20_____.

Signature:_____

Subscribed and sworn before me on this

_____ day of _____, 20_____.

_____, Notary Public

APPENDIX C

EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

That I, _____, am an employee or prospective employee of the company named below and that I request a copy of my official Driving Record in the State of Washington be released to my employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record

Signature	Date	WA License #
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EMPLOYER ATTESTATION

- (A) That the company named below is an employer or prospective employer of the above named individual and that I am a representative authorized to bind said company.
- (B) That **AMERICAN DRIVING RECORDS** is acting as agent on our behalf to obtain the abstract of driver records of the above named individual.
- (C) That abstracts of driver record shall be used exclusively to determine whether the above named individual should be employed to operate a school bus or commercial vehicle upon the public highways, and that no information contained therein shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals, or passengers for hire.
- (D) That the information contained in the abstracts of driver records obtained from the Washington State Department of Licensing shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached in part for easy reference.

Company Name

Address

Name (print) Title

Signature Date

This record must be maintained by the employer or prospective employer for a period of not less than two (2) years from the last date above. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in prosecution under RCW 46.52.130.