



## Education

High School Diploma or GED

Yes

No

Formal Education

Name of Institution	Location: City/State	Diploma/Degree	Major	Total Units Completed

## Skills

List any special skills (computer, technical, mechanical, 10 key, calculator, customer service, etc.)

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List professional certifications and/or licenses you currently hold (SPR, EMT, Culinary, CDL II, Etc.):

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## Previous Employment

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment for the past ten (10) years. Do not leave any gaps in employment. You may fill in gaps with "Student", "Unemployed", "Homemaker", etc. If you do not want us to contact your most recent employer place an X in the box.

1

Company Name \_\_\_\_\_ ( ) Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ Employed To \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_ Last Wage \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

List Duties: \_\_\_\_\_

2

Company Name \_\_\_\_\_ ( ) Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ Employed To \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_ Last Wage \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

List Duties: \_\_\_\_\_

3

Company Name \_\_\_\_\_ ( ) Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ Employed To \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_ Last Wage \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

List Duties: \_\_\_\_\_

4

Company Name \_\_\_\_\_ ( ) Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ Employed To \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_ Last Wage \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

List Duties: \_\_\_\_\_

5 □

Company Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ Employed To \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_  
 Last Wage \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

List Duties: \_\_\_\_\_

## Professional References

1) \_\_\_\_\_  
 Name \_\_\_\_\_ Contact Number \_\_\_\_\_  
 Profession \_\_\_\_\_ # of years known \_\_\_\_\_

2) \_\_\_\_\_  
 Name \_\_\_\_\_ Contact Number \_\_\_\_\_  
 Profession \_\_\_\_\_ # of years known \_\_\_\_\_

3) \_\_\_\_\_  
 Name \_\_\_\_\_ Contact Number \_\_\_\_\_  
 Profession \_\_\_\_\_ # of years known \_\_\_\_\_

## Referral Source

How were you referred to Angel of the Winds Casino? On the line include the name of the school, agency or person referring you.

Employee (First and Last Name): \_\_\_\_\_  College/ High School Recruit: \_\_\_\_\_

Job/Employment Fair: \_\_\_\_\_  Worksource: \_\_\_\_\_

Newspaper/Radio: \_\_\_\_\_  Other: \_\_\_\_\_

Internet Website: \_\_\_\_\_  Walk In: \_\_\_\_\_

## Authorization

I understand the Immigration Reform and Control Act of November 6, 1986 require me to provide the legality of my residency of citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. I understand that nothing contained in the employment application or in granting of an interview is intended to create a contract between myself and this company for either my employment or the provision of any benefits. I further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the forgoing is binding on the company unless made in writing and signed by myself and an authorized representative of the company.

I understand that if I am considered for employment, the Tribal Gaming Commission, a separate regulatory agency of the Stillaguamish Tribe of Indians will investigate my background and employment history including a credit and criminal record check because I am applying for a position that requires a gaming license. I specifically consent to this investigation.

I certify that all answers to questions in this application and additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or discharge if hired. I hereby authorize investigation of all statements provided during the application process and all references to give Angel of the Winds Casino and the Tribal Gaming Commission, any and all pertinent information they may have, personal or otherwise, and release from all liability or responsibility, Angel of the Winds Casino and the Tribal Gaming Commission, any agent or either entity and all persons, companies or corporation providing information to Angel of the Winds Casino or the Tribal Gaming Commission about me.

I understand that all final applicants receiving job offers for positions, including full-time, part-time and temporary, will have job offers conditioned on satisfactorily passing a drug test at the time of hiring. Individuals with positive drug test will not be hired, or will not be allowed to continue their employment, and may not be considered for employment for 12 months after positive drug results.

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 Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_