



# MUCKLESHOOT INDIAN BINGO

2117 Auburn Way South ♦ Auburn, WA 98002  
(253) 735-2404 HR extension 100 or 111 ♦ Fax (253) 735-6119  
WWW.MUCKLESHOOTBINGO.COM



## APPLICATION FOR EMPLOYMENT

Muckleshoot Indian Bingo is an Equal Opportunity Employer and does exercise Indian Preference.  
We are a drug-free, zero tolerance workplace and require drug testing of all employees.

### PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF APPLICATION
PRESENT ADDRESS	NUMBER	STREET	CITY STATE ZIP CODE
MAILING ADDRESS	NUMBER	STREET	CITY STATE ZIP CODE
HOME PHONE ( )	MESSAGE or CELL PHONE ( )	E-MAIL ADDRESS	SOCIAL SECURITY NUMBER *

ARE YOU SEEKING: <input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CALL/EXTRA BOARD <input type="checkbox"/> PART-TIME	Have applied at other Muckleshoot entities before? <input type="checkbox"/> NO <input type="checkbox"/> YES, When & Where?
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ARE YOU EMPLOYED NOW?  NO  YES  
♦ IF YES, may we contact your current employer?  NO  YES If NO, WHY NOT?

DATE YOU CAN START WORK? SALARY/WAGE DESIRED:

Have you ever worked for any of the Muckleshoot entities?  NO  YES (Please include in Work History)  
IF YES, LIST THE NAME OF THE TRIBAL ENTITY, POSITION, & DATES OF EMPLOYMENT:  
(Bingo, Casino, Tribal Gaming, Tribal Admin or Smoke Shop)

LIST POSITION(S) APPLYING FOR: (Please only list open positions posted on Job Board)

1. 2. 3.

DO YOU HAVE ON THE JOB GAMING EXPERIENCE?  YES  NO  
IF YES, WHAT GAMING POSITION(S) HAVE YOU WORKED?

**AVAILABILITY:**  
ARE YOU AVAILABLE TO WORK ON WEEKENDS & HOLIDAYS?  YES  NO  
WHAT SHIFTS ARE YOU AVAILABLE TO WORK?  All Shifts  Swing/Evenings  Graveyard  Days or Early AM  
WHAT DAYS OF THE WEEK ARE YOU AVAILABLE TO WORK?  
 Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**INDIAN PREFERENCE**

ARE YOU CLAIMING INDIAN PREFERENCE? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, PLEASE PROVIDE THE NAME OF THE FEDERALLY RECOGNIZED TRIBE:	ENROLLMENT NUMBER <b>(REQUIRED) for receiving preference:</b>
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ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**HOW DID YOU HEAR ABOUT OUR JOB OPENING?**  
 Seattle Times  TNT  Employee Referral: \_\_\_\_\_  Job Fair: \_\_\_\_\_  
 School or Trade School: \_\_\_\_\_  Other: \_\_\_\_\_

\* The disclosure of your Social Security Number and Veteran status are voluntary. However, failure to supply a Social Security Number may result in errors in processing your application. PLEASE NOTE: Failure to fully and accurately complete this application will result in the immediate disqualification of your application for training/employment. You may attach a resume to enhance your application but not in place of the application.

<b>EDUCATION</b>					
	Name	City/State	Years Completed	Did you Graduate?	Diploma or Degree received
<b>HIGH SCHOOL</b>			9 10 11 12 GED		
<b>TRADE or BUSINESS SCHOOL</b>					
<b>COLLEGE</b>					
<b>Other (GED, training)</b>					
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS, SKILLS, AND OTHER TRAINING ACTIVITIES: (Include dates)					
LIST ANY HONORS THAT YOU HAVE RECEIVED:					
<b>SPECIAL SKILLS</b>					
DO YOU TYPE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	WORDS PER MINUTE:	
ARE YOU AN EXPERIENCED OPERATOR OF ANY BUSINESS MACHINES OR EQUIPMENT?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, PLEASE LIST:					
IF A COMPUTER USER, PLEASE LIST THE NAME OF SOFTWARE PACKAGES YOU HAVE WORKED WITH AND MARK YOUR PROFICIENCY LEVEL (BEGINNER, INTERMEDIATE, ADVANCED) AND MAKE ANY COMMENTS THAT MAY ASSIST US IN CONSIDERING YOUR APPLICATION:					
Name of Software	Beginner	Intermediate	Advanced	Comments	
STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:					
<b>CRIMINAL HISTORY</b>					
Employment at the Muckleshoot Indian Bingo will require the applicant to obtain a license from the Muckleshoot Gaming Commission and may require certification from Washington state. To assist us in assessing any difficulties you may have with the licensing/certification process, please answer the following question truthfully and accurately:					
Have you ever been convicted of a felony?		<input type="checkbox"/> YES*		<input type="checkbox"/> NO	
*If yes, please provide the date(s), list the felony and describe the circumstances of the conviction(s).					
Date	Felony and Circumstances				
*Convictions will not necessarily disqualify you from employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.					

<b>WORK HISTORY / EMPLOYMENT EXPERIENCE</b>				
Start with your present or last job and complete fully and accurately. Please include your <i>customer service</i> experience. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.				
<b>1. NAME OF CURRENT OR LAST EMPLOYER</b>		<b>DATES EMPLOYED MONTH &amp; YEAR</b>		<b>JOB DUTIES</b>
ADDRESS/CITY/STATE/ZIP		FROM	TO	
TELEPHONE NUMBER(S) ( )		<b>HOURLY RATE/ SALARY</b>		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING OR WHY WANT TO LEAVE CURRENT JOB:				<input type="checkbox"/> VOLUNTARY QUIT <input type="checkbox"/> INVOLUNTARY
<b>2. EMPLOYER NAME</b>		<b>DATES EMPLOYED MONTH &amp; YEAR</b>		<b>JOB DUTIES</b>
ADDRESS/CITY/STATE/ZIP		FROM	TO	
TELEPHONE NUMBER(S) ( )		<b>HOURLY RATE/ SALARY</b>		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING:				<input type="checkbox"/> VOLUNTARY QUIT <input type="checkbox"/> INVOLUNTARY
<b>3. EMPLOYER NAME</b>		<b>DATES EMPLOYED MONTH &amp; YEAR</b>		<b>JOB DUTIES</b>
ADDRESS/CITY/STATE/ZIP		FROM	TO	
TELEPHONE NUMBER(S) ( )		<b>HOURLY RATE/ SALARY</b>		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING:				<input type="checkbox"/> VOLUNTARY QUIT <input type="checkbox"/> INVOLUNTARY
<b>4. EMPLOYER NAME</b>		<b>DATES EMPLOYED MONTH &amp; YEAR</b>		<b>JOB DUTIES</b>
ADDRESS/CITY/STATE/ZIP		FROM	TO	
TELEPHONE NUMBER(S) ( )		<b>HOURLY RATE/ SALARY</b>		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING:				<input type="checkbox"/> VOLUNTARY QUIT <input type="checkbox"/> INVOLUNTARY
<b>5. EMPLOYER NAME</b>		<b>DATES EMPLOYED MONTH &amp; YEAR</b>		<b>JOB DUTIES</b>
ADDRESS/CITY/STATE/ZIP		FROM	TO	
TELEPHONE NUMBER(S) ( )		<b>HOURLY RATE/ SALARY</b>		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING:				<input type="checkbox"/> VOLUNTARY QUIT <input type="checkbox"/> INVOLUNTARY

**WORK/PERSONAL REFERENCES (Minimum of two of each type required)**  
**(Please DO NOT include relatives)**

First & Last NAME	TYPE	RELATIONSHIP	CITY	STATE	PHONE #
1.	<input type="checkbox"/> Personal <input type="checkbox"/> Work				( )
2.	<input type="checkbox"/> Personal <input type="checkbox"/> Work				( )
3.	<input type="checkbox"/> Personal <input type="checkbox"/> Work				( )
4.	<input type="checkbox"/> Personal <input type="checkbox"/> Work				( )

I certify that the answers given by me to the foregoing questions and statements are true, correct, complete, and made in good faith without intentional omission of any kind whatsoever. I understand that the Muckleshoot Indian Bingo will terminate my employment if it becomes aware of false statements, answers, or omissions made by me in this Application for Training/Employment and hereby agree that the Bingo shall not be liable in any respect for such termination.

I understand that the Bingo may, and hereby authorize it to solicit information regarding my character, general reputation, conviction record; driving record, previous employment, and all former employers and references I have listed on my application. More information about the nature and scope of such an inquiry, if one is made, will be provided if requested. I also authorize my former employers and references to disclose such information to the Bingo without providing me with prior notice of such disclosure. In addition, I release all parties and persons, including but not limited to the Bingo, the former employers and references I have listed on my application, and any persons or entities acting on their behalf, from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the Bingo from any liability for future references it may provide regarding my work history with the Bingo.

I understand that this release of information constitutes my consent and authorization to the agencies or representatives identified to furnish MUCKLESHOOT INDIAN BINGO and/or its representative's permission and authority to conduct a background check in order to determine my suitability for employment with MUCKLESHOOT INDIAN BINGO. I understand and consent to an investigation that is limited to criminal and civil record history information, motor vehicle driving history, human services inquiry for domestic violence, child abuse and neglect information, employment verification, educational verification, professional licensing, personal and professional references and credit reports whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.

I authorize the custodians of such records and sources of information to release the information, including permitting the review and copying of all documents, records or correspondence pertaining to me, to the representatives of MUCKLESHOOT INDIAN BINGO and/or its representative's regardless of any previous agreement to the contrary.

I agree to accept all risks 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 is lawfully presented and his agent and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out or by reason of complying with this request.

I understand that as a condition of employment, I am required to undergo periodic drug/controlled substance testing and other job related testing with or without prior notice. If I test positive on a drug/controlled substance test my employment may be terminated immediately. I acknowledge the consequences of a positive test. I understand that failure to pass another job related test may result in termination. My signature below authorizes such testing as listed above and the release of test results to the Bingo.

I understand that if employed I have been hired at the will of the employer, and that my employment may be terminated at will, at any time; and with or without cause, the employer's only obligation being to pay salary or wages due and owing at the time of the termination. I realize that no one other than the General Manager has the authority to enter into an agreement for employment for any specified period of time, or to make an agreement contrary to the foregoing, and that any such agreement with the General Manager must be in writing.

I understand that employment at the Muckleshoot Indian Bingo will require the highest standards of personal hygiene and appearance as well as excellent work habits. I understand that training and/or employment at the Bingo will require conformity to rules related to appearance, work habits and other matters.

I further consent to the release of the information concerning my employment and personal history which I have listed on this Application to the Muckleshoot Indian Bingo and to the Muckleshoot Gaming Commission.

I understand, also, that I am required to abide by all policies and rules of the employer and regulations of the Muckleshoot Gaming Commission.

I understand that my application for employment will only be kept active and on file in Human Resources for 6 months. I understand that after 6 months I will need to complete a new application in order to be considered for employment.

APPLICANT'S SIGNATURE AFFIRMING ABOVE STATEMENT (REQUIRED)

DATE

APPLICANT STATEMENT (REQUIRED)