

YAKAMA LEGENDS CASINO

580 Fort Road, Toppenish, WA 98948
(509) 865-5322 ext. 5257 FAX: (509) 865-8945

APPLICATION FOR EMPLOYMENT

Yakama Legends Casino is an Equal Opportunity Employer but does exercise Indian Preference.
Yakama Legends Casino is also a drug-free workplace and requires drug testing of all its 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	PAGER	MESSAGE PHONE	CELLULAR PHONE SOCIAL SECURITY NUMBER *

ARE YOU SEEKING: <input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CALL <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY OR SUMMER <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Any Shift	HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN?
ARE YOU EMPLOYED NOW? <input type="checkbox"/> NO <input type="checkbox"/> YES	DATE YOU CAN START SALARY/WAGE DESIRED

HAVE YOU WORKED FOR THE YAKAMA LEGENDS CASINO?
 NO YES (IF HIRED, A PERSONNEL TRANSFER FORM MUST BE COMPLETED TO TRANSFER BENEFITS IF APPLICABLE)

LIST POSITION(S) APPLYING FOR AND/OR MARK HERE IF JOB ANNOUNCEMENT NUMBER:

1. _____ 2. _____ 3. _____

DO YOU HAVE GAMING EXPERIENCE? YES NO

IF YES, WHAT POSITION(S)?

<input type="checkbox"/> TABLE GAMES	<input type="checkbox"/> BINGO	<input type="checkbox"/> KENO WRITER /RUNNER	<input type="checkbox"/> TABLE GAMES TRAINING
<input type="checkbox"/> FOOD & BEVERAGE	<input type="checkbox"/> MACHINES	<input type="checkbox"/> CAGE	<input type="checkbox"/> ADMINISTRATION
<input type="checkbox"/> SECURITY		<input type="checkbox"/> POKER	
<input type="checkbox"/> FACILITIES		<input type="checkbox"/> OTHER:	

INDIAN PREFERENCE

ARE YOU CLAIMING INDIAN PREFERENCE? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Descendent	IF YES, PLEASE PROVIDE THE NAME OF THE FEDERALLY RECOGNIZED TRIBE:	ENROLLMENT NUMBER (REQUIRED):
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Do you have a current Driver's License? NO YES

NAME	STATE	NUMBER	EXPIRATION
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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	ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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* 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.

EDUCATION					
	Name	City/State	Years Attended	Did you Graduate?	Diploma or Degree received
HIGH SCHOOL					
TRADE or BUSINESS SCHOOL					
COLLEGE					
Other (GED, training)					
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS, SKILLS, AND OTHER TRAINING ACTIVITIES: (Include dates)					
LIST ANY HONORS THAT YOU HAVE RECEIVED:					

SPECIAL SKILLS	
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:	

CRIMINAL HISTORY	
Employment at the Yakama Legends Casino will require the applicant to obtain a license from the Yakama 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
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
*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.	

EMPLOYMENT EXPERIENCE				
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 which indicate race, color, religion, gender, national origin, disabilities or other protected status.				
1. EMPLOYER NAME		DATES EMPLOYED		WORK PERFORMED
ADDRESS		FROM	TO	
TELEPHONE NUMBER(S)		HOURLY RATE/ SALARY		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING:				
2. EMPLOYER NAME		DATES EMPLOYED		WORK PERFORMED
ADDRESS		FROM	TO	
TELEPHONE NUMBER(S)		HOURLY RATE/ SALARY		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING:				
3. EMPLOYER NAME		DATES EMPLOYED		WORK PERFORMED
ADDRESS		FROM	TO	
TELEPHONE NUMBER(S)		HOURLY RATE/ SALARY		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING:				
4. EMPLOYER NAME		DATES EMPLOYED		WORK PERFORMED
ADDRESS		FROM	TO	
TELEPHONE NUMBER(S)		HOURLY RATE/ SALARY		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING:				
5. EMPLOYER NAME		DATES EMPLOYED		WORK PERFORMED
ADDRESS		FROM	TO	
TELEPHONE NUMBER(S)		HOURLY RATE/ SALARY		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING:				

WORK/PERSONAL REFERENCES (Minimum of two of each type required)					
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				
5.	<input type="checkbox"/> Personal <input type="checkbox"/> Work				

APPLICANT STATEMENT (REQUIRED)

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 Yakama Legends Casino 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 Casino shall not be liable in any respect for such termination.

I understand that the Casino 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 Casino without providing me with prior notice of such disclosure. In addition, I release all parties and persons, including but not limited to the Casino, 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 Casino from any liability for future references it may provide regarding my work history with the Casino.

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 Casino.

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 Yakama Legends Casino 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 Casino 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 Yakama Legends Casino and to the Yakama Gaming Commission.

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

I hereby release Yakama Legends Casino, its agents, consultants, and any person or entity that provides or receives information pursuant to the above statements from any and all liability and any damage which may arise there from. Please acknowledge the preceding statements by initialing here: _____

APPLICANT'S SIGNATURE AFFIRMING ABOVE STATEMENT (REQUIRED)	DATE
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