



# Willapa Bay Enterprises Corporation

PO Box 95, Tokeland WA 98590-0095

Ph: (360) 267.2048 x246 Fax: (360) 267.0198

Corporate Office

Shoalwater Bay Casino

Georgetown Station

Tradewinds on the Bay

Willapa Bay Construction

Willapa Bay Technologies

Please apply for only one (1) business per application

## Application for Employment

Please read the entire application before you begin filling it out. Answer all questions; indicate "None" where applicable. Application must be completed neatly, legible and in full. Answers should be typed or printed carefully written in ink so that they are clear and readable. Signature is required to be accepted. Incomplete applications will NOT be processed.

Willapa Bay Enterprises Corporation and its Subsidiaries is an Equal Opportunity Employer. Tribal and Indian preference is our hiring policy; however, it is our policy to recruit, hire, train and promoted qualified persons and does not discriminate on the basis of age, religion, sex, race, color, sexual orientation, national origin, disability, marital or veteran status or any other legally protected status

The policy of Willapa Bay Enterprises Corporation and its Subsidiaries is to promote tribal self-sufficiency by employing tribal members, other enrolled Native Americans, Alaskans, Hawaiians and all descendants at all levels of Tribal Enterprises. Indian Preference (PL93-638) is an important factor considered in making employment decisions, and will be applied to qualified applicants.

Position applied for: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Please list one (1) position you are interested in per application

## Personal Information

Full Name: \_\_\_\_\_

Last

First

Middle

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Are you willing to work:      Full Time      Part Time      Temporary      Seasonal  
   Nights      Weekends      Holidays      Overtime

Are you a U. S. Citizen or legally authorized to work in the U.S.?      Yes      No

Are you at least 18 years of age?      Yes      No

Do you have a valid driver's license?      Yes      No

Do you have reliable transportation?      Yes      No

Are you on layoff status or subject to recall?      Yes      No

Have you ever applied at Willapa Bay Enterprises Corporation or one its Subsidiaries?      Yes      No

If yes, Date \_\_\_\_\_ Company \_\_\_\_\_

Have you ever worked for Willapa Bay Enterprises Corporation or one of its Subsidiaries?      Yes      No

If yes, Date \_\_\_\_\_ Position \_\_\_\_\_ Company \_\_\_\_\_

Name and Relationship of any relatives currently employed with Willapa Bay Enterprises Corporation and Subsidiaries and/or Shoalwater Bay Tribe.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been convicted of a crime (other than minor traffic violations) or are you awaiting trial for a crime? Answering "yes" will not necessarily disqualify an applicant from employment.      Yes      No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If hired, are you willing to take a screening test covering legal and illegal substances and alcohol?

Yes      No

### **Native American Preference Policy**

**It is the policy of Management to set guidelines as determined by standards of education, experience, aptitude and character. Willapa Bay Enterprises Corporation and its Subsidiaries maintain a policy for hiring order of preference: 1) Shoalwater Tribal Members, 2) Shoalwater Tribal Members Spouse and their immediate families, 3) Other Native Americans.**

Are you a registered Shoalwater Bay Indian Tribe tribal member?      Yes      No

(Provide your current valid tribal ID) ID #: \_\_\_\_\_

Are you a tribal member's spouse?    Yes    No    If yes, \_\_\_\_\_

Are you a registered member of another Native American tribe?                      Yes    No

(Provide your current valid tribal ID) ID #: \_\_\_\_\_

Are you a Native American descendent?                      Yes    No

Referred by:    Newspaper    Employee    Agency    Internet    Friend    Other:

Please list source: \_\_\_\_\_

### Military Service

Veteran:    Yes    No    Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

### Education and Training

Name of High School: \_\_\_\_\_ City/State: \_\_\_\_\_

Highest grade completed \_\_\_\_\_ Diploma    Yes    No    Year \_\_\_\_\_ GED    Yes    No    Year \_\_\_\_\_

College: \_\_\_\_\_ Number of years completed \_\_\_\_\_ Degree    Yes    No

City/State: \_\_\_\_\_ Type of degree/Area of study \_\_\_\_\_

Dates attended: \_\_\_\_\_

Business/Vocational: \_\_\_\_\_ Number of years completed \_\_\_\_\_ Degree    Yes    No

City/State: \_\_\_\_\_ Type of degree/Area of study \_\_\_\_\_

Dates attended: \_\_\_\_\_

Trade/Other: \_\_\_\_\_ Number of years completed \_\_\_\_\_ Degree    Yes    No

City/State: \_\_\_\_\_ Type of degree/Area of study \_\_\_\_\_

Dates attended: \_\_\_\_\_

Additional training, education, and/or certificates that are related to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List additional skills that are related to the position for which you are applying, i.e. computer skills, clerical skills, typing, keyboard, etc... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employment History

Please complete the following regarding your employment history for the Past 10 years. Begin with your most current or most recent employer. Be sure to list any gaps, self-employment, and school attendance. Attach a separate sheet if needed using the same format.

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Rate of Pay Starting \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_  
Name, title and phone number of direct supervisor \_\_\_\_\_  
\_\_\_\_\_  
Your job title \_\_\_\_\_ Your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Rate of Pay Starting \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_  
Name, title and phone number of direct supervisor \_\_\_\_\_  
\_\_\_\_\_  
Your job title \_\_\_\_\_ Your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## Employment History Con't

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Rate of Pay Starting \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_  
Name, title and phone number of direct supervisor \_\_\_\_\_  
\_\_\_\_\_  
Your job title \_\_\_\_\_ Your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Rate of Pay Starting \_\_\_\_\_ Rate of Pay Final \_\_\_\_\_  
Name, title and phone number of direct supervisor \_\_\_\_\_  
\_\_\_\_\_  
Your job title \_\_\_\_\_ Your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## Reference

List name and telephone number of business/work references that are not related to you.

Name \_\_\_\_\_ Company \_\_\_\_\_ Relationship \_\_\_\_\_  
Years Known \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Company \_\_\_\_\_ Relationship \_\_\_\_\_  
Years Known \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Company \_\_\_\_\_ Relationship \_\_\_\_\_  
Years Known \_\_\_\_\_ Phone Number \_\_\_\_\_

## Applicant's Acknowledgement and Authorization

### Please read carefully before signing

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

- I certify that all of the information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said application will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.
- I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended that such employment is at will, for no specified duration and may be terminated by either Willapa Bay Enterprises Corporation and its Subsidiaries (hereafter referred to as WBE) WBE or myself at any time, with or without cause or notice. I understand that no documents, policies, procedures, actions, statements of WBE or its representatives used during the employment process is deemed a contract of employment real or implied. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of WBE.
- I understand that if employed by WBE, I agree to conform to the rules, regulations, policies and procedures of WBE at all times and further understand that compliance is a condition of employment.
- I understand that if offered a position with WBE, I will be required to submit to a pre-employment drug screening and background investigation as a condition of employment. I understand this background investigation may include any lawful investigation of my educational background and criminal, driving, credit and employment histories. I consent to such a background investigation. I further understand that if WBE considers the drug screening and or the background investigation results unfavorable, I agree that WBE may deny me that position or discharge me from employment.
- I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to WBE or to any of its representatives. I further release all parties involved from any and all liability for any and all damage that my result from providing such information.
- I understand that this application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

By signing below I acknowledge that I have read, understand and agree to the above statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date