



***The Nooksack Indian Tribal Administration  
and the Businesses of the Nooksack Indian Tribe***

9750 Northwood Rd., Lynden, WA 98264  
Tribal Administration: 360-592-5176  
Nooksack Northwood Casino: 360-734-5101



**Application for Employment**

Revised September 2016

The Nooksack Indian Tribe and its businesses are Equal Employment Opportunity employers except as provided by law. All applicants are considered on the basis of their ability to perform the job functions without regard to individual race, religion, color, sex, age, national origin, any physical disability, marital or veteran status, sexual orientation, or any other condition covered by applicable laws. It is our intention that all applicants be given equal opportunity and that selection decisions be based on job-related factors.

**Please note:** This application form must be completed by the person applying for the position. If an applicant needs assistance in completing an application he or she should ask for assistance.

**Personal Information**

Date of application: \_\_\_\_\_

Applicant last name: \_\_\_\_\_ First: \_\_\_\_\_ Middle initial \_\_\_\_\_

Any other names used by you for educational or employment purposes: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

In case of emergency notify: Name: \_\_\_\_\_ Telephone number(s): \_\_\_\_\_ -

Business requirements, including compliance and controls, may require that relatives by blood, marriage or persons who cohabit not work together in certain circumstances. Please list any persons related to you by blood, marriage, or with whom you cohabit who are also employed by Nooksack Indian Tribe: \_\_\_\_\_

The law prohibits persons who are not at least 18 years of age from gaming employment at the Nooksack Northwood Casino. Are you 18 years of age or more? Yes \_\_\_ No \_\_\_

If hired, can you provide identification that establishes your legal right to work in the U.S.? Yes \_\_\_ No \_\_\_

Have you ever been employed by the Nooksack Indian Tribe or any of its businesses? Yes \_\_\_ No \_\_\_

If yes, what year? \_\_\_\_\_ What position did you hold? \_\_\_\_\_

If employed previously by the Nooksack Indian Tribe, what name did you use? \_\_\_\_\_

Are you an enrolled member of an Indian Tribe/Nation? Yes \_\_\_ No \_\_\_ If yes, which Tribe/Nation: \_\_\_\_\_

Are you married or economically tied to an enrolled native American? Yes \_\_\_ No \_\_\_

**Employment Desired**

Position applied for 1st choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

Desired location: Tribal Administration \_\_\_, Nooksack Market Centre \_\_\_, Nooksack Northwood Casino \_\_\_

Desired rate of pay: \_\_\_\_\_ Type of work desired: Full time: \_\_\_ Part Time: \_\_\_ Seasonal: \_\_\_

Preferred shifts: Days: \_\_\_ Swing: \_\_\_ Graveyard: \_\_\_ Any: \_\_\_

**Please be aware that our business needs may require that you work holidays, weekends and or nights.**

## Employment History (The following must be completed)

List your employment record for the **last 10 years starting with your most recent position and include military service, part time work, summer jobs or unemployment.** NOTE: explain any periods of unemployment over 1 month and attach to this application form. Please complete this section even if you are attaching a resume. Use reverse side if more room is needed.

May we contact your present employer? Yes \_\_\_ No \_\_\_

---

Company Name: \_\_\_\_\_ Position(s) held: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Dates of employment (month, year) From: \_\_\_\_\_ to: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Beginning Salary: \$ \_\_\_\_\_ per: \_\_\_\_\_ Ending salary \$ \_\_\_\_\_ per \_\_\_\_\_

---

Company Name: \_\_\_\_\_ Position(s) held: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Dates of employment (month, year) From: \_\_\_\_\_ to: \_\_\_\_\_  
Immediate supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Beginning Salary: \$ \_\_\_\_\_ per: \_\_\_\_\_ Ending salary \$ \_\_\_\_\_ per \_\_\_\_\_

---

Company Name: \_\_\_\_\_ Position(s) held: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Dates of employment (month, year) From: \_\_\_\_\_ to: \_\_\_\_\_  
Immediate supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Beginning Salary: \$ \_\_\_\_\_ per: \_\_\_\_\_ Ending salary \$ \_\_\_\_\_ per \_\_\_\_\_

---

Company Name: \_\_\_\_\_ Position(s) held: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Dates of employment (month, year) From: \_\_\_\_\_ to: \_\_\_\_\_  
Immediate supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Beginning Salary: \$ \_\_\_\_\_ per: \_\_\_\_\_ Ending salary \$ \_\_\_\_\_ per \_\_\_\_\_

---

Company Name: \_\_\_\_\_ Position(s) held: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Dates of employment (month, year) From: \_\_\_\_\_ to: \_\_\_\_\_  
Immediate supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Beginning Salary: \$ \_\_\_\_\_ per: \_\_\_\_\_ Ending salary \$ \_\_\_\_\_ per \_\_\_\_\_

## CRIMINAL HISTORY STATEMENT

Have you **EVER**: (check each applicable box)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Been charged with a <b>crime</b> | <input type="checkbox"/> Been <b>jailed</b>           | <input type="checkbox"/> Paid a <b>fine over \$25</b> |
| <input type="checkbox"/> Forfeited <b>bail</b>            | <input type="checkbox"/> Been <b>convicted</b>        | <input type="checkbox"/> Placed on <b>probation</b>   |
| <input type="checkbox"/> Been <b>arrested</b>             | <input type="checkbox"/> Charged with a <b>felony</b> |   |

You must check the applicable box if any of the above has occurred, even if the charges were dismissed, deferred or changed. Fully explain each charge below and attach additional sheets as needed. **Failure to disclose any such incidents will result in denial of tribal licensing. The Nooksack Indian Tribe is in no way liable for obtaining or interpreting criminal history. The applicant is entirely responsible for providing complete & accurate information.**

Date	Charge	City	County/State	Court House	Outcome of the Charge

**Please fully explain each charge and attach additional sheets if need:**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Additional Information

List any current, valid license or permit of any kind (including gaming) in your possession.

---

Have you ever had a license or permit revoked or had an objection made against your application? \_\_\_Yes \_\_\_No

If hired for a position that requires the operation of a Nooksack vehicle, can you provide a valid and current driver's license and a Motor Vehicle's Department Record? \_\_\_Yes \_\_\_No

Describe any special skills, training, apprenticeships or activities which you feel qualifies you for the position: \_\_\_\_\_

---

Describe your customer service experience and skills: \_\_\_\_\_

---

If you have experience in computer operation, please list the software applications you are familiar with: \_\_\_\_\_

---

List any languages (other than English) that you speak, read or write: \_\_\_\_\_

## Education

	Name	City	State	Grade/Level/Degree
High School				
College				
Graduate Studies				
Trade School, Other				
U.S. Military Service				

## References

List the names, addresses and phone numbers of three people (not related to you or former employers) who have knowledge of your job experience and abilities. **Ensure that all numbers and addresses are accurate and current. We will be calling your references 8 a.m.-5 p.m. Monday thru Friday and invalid or unavailable number may delay or stop your application.**

Name	
Address	
Occupation	
Telephone/email	1) _____ 2) _____
Length of time known?	

Name	
Address	
Occupation	
Telephone/email	1) _____ 2) _____
Length of time known?	

Name	
Address	
Occupation	
Telephone/email	1) _____ 2) _____
Length of time known?	

# Nooksack Northwood Casino

## Employment Reference Verification

Date \_\_\_\_\_

Dear Sir or Madam:

The individual named below has informed us that he/she has been previously employed by your company. We would greatly appreciate your furnishing us with as much information requested below as possible. We assure you that any information you may give us will be held in the strictest confidence.

Thank you for your prompt reply.

Nooksack Northwood Casino  
Human Resources Department  
9750 Northwood Road  
Lynden, WA 98264  
P: 360-734-5101 F: 360-734-5136

To Whom It May Concern:

I have applied for a position with the Nooksack Northwood Casino and hereby authorize my former employer(s) to furnish any information that they may have regarding my employment. I hereby release all those obtaining or releasing information from all liability for any damages whatsoever obtaining or releasing same.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Applicant Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Dates applicant was employed by you: From \_\_\_\_\_ To \_\_\_\_\_

Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Position(s) Held \_\_\_\_\_

Why did applicant leave your company? \_\_\_\_\_

Would you rehire? Yes \_\_\_ No \_\_\_ If not, why? \_\_\_\_\_

	Poor	Fair	Average	Very Good	Excellent
Cooperation					
Attendance					
Responsibility					
Quality of Work					
Quantity of Work					

Completed By \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

### Newspaper Ad

\_\_\_ Bellingham Herald

\_\_\_ Other \_\_\_\_\_

### Website

\_\_\_ Nooksack Northwood Casino

### College Job Board

\_\_\_ Bellingham Technical College

\_\_\_ Western Washington University

\_\_\_ Other \_\_\_\_\_

### Other Source

Referral  
Nooksack Northwood Casino Employee  
Employee's Name \_\_\_\_\_

\_\_\_ Friend/Relative \_\_\_ Walk-In

## Please Read the following Statements Carefully

With a signature below, the applicant acknowledges (or acknowledges asking for assistance with) the following:

**Truthfulness:** The applicant hereby states that the information contained in this application is true, correct and complete to the best of his/her knowledge. The applicant understands that falsification, omission or misrepresentation of information on this application or any subsequent request for information made by the Nooksack Indian Tribe or its agents (hereafter referred to as NIT) are grounds for withdrawal of the offer of employment and/or disciplinary action up to and including the possible termination of employment.

**Background Check:** The applicant hereby authorizes NIT to conduct a routine inquiry during NIT's initial and subsequent processing of this application form with will provide NIT with applicable information concerning the applicant's character, general reputation, personal characteristics, personal credit history, job history and any other information which is determined by NIT to be necessary to determine the applicants suitability for employment. The applicant's signature below authorizes such inquiries to be held at any time during employment with NIT and should the applicant be employed by NIT.

**Identification:** The applicant acknowledges that Federal law and NIT policy prohibits companies from hiring any person unless he/she presents documents which establish that person's identity and eligibility to work in the United States. The applicant acknowledges that providing such documentation is a condition of employment.

**Gaming License:** State law and NIT policy prohibit any person to work at the Nooksack Casino or Northwood Casino without obtaining and maintaining a valid gaming license as issued by the Nooksack Tribal Gaming Agency. The applicant acknowledges that obtaining and maintaining such a license is a condition of employment.

**Drug Testing:** The applicant acknowledges that successfully passing a drug and alcohol test (as required by current NIT policy and procedure) is a condition of employment. The applicant also acknowledges that refusal to submit to such testing (and the resultant conditions of current during and alcohol policy) prior to and during the course of employment will result in the withdrawal of the offer of employment or termination of employment. The applicant also hereby authorizes the release of the results of any such testing to NIT.

**At Will Employment:** The applicant acknowledges that this application for employment in no way implies a contract for employment between the applicant and NIT. If employed by 'NIT, the applicant further understands that his/her employment is terminable by NIT at will, that he/she is not being employed for any specified time, and that employment is not guaranteed in any way through a contract unless defined specifically in a written agreement authorized and signed by the General Manager and/or the Tribal Chairperson of the Nooksack Indian Tribe and the applicant/employee.

**Health Examination:** The applicant is aware that some positions at NIT may require the applicant to undergo a health examination as a prerequisite for employment and that the information from this examination will be released on a need to know basis to NIT.

**General Release:** The applicant hereby releases NIT its agents 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 therefrom.

The applicant acknowledges that the above statements in no way alter the status or rights of the Nooksack Indian Tribe.

**Please Note:** The information contained in the employment application is the property of the Nooksack Indian Tribe. This application is valid for 90 days. If you have any questions or need assistance, please ask.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_