



**Chehalis Tribes'
Lucky Eagle Casino**

12888 188TH Ave. SW
Rochester, WA 98579

**This enterprise is a Tribal and Indian Preference Employer
THE LUCKY EAGLE CASINO IS A DRUG FREE WORKPLACE**

Please read: In compliance with the Privacy Act of 1974 the following information is provided: Solicitation of the information on this form is authorized by 25 USC 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by Nation Indian Gaming Commission members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate federal, tribal, state, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or Nation Indian Gaming Commission in connection with the hiring or firing of an employee, the issuance of revocation of a gambling license, or investigations of activities while associated with a tribe or gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to hire you in a primary management official or key employee position. A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also you may be punished by fine or imprisonment (US Code, title 18 section 1001). The disclosure of your social security number is voluntary. However, failure to supply your SSN may result in errors in processing your application.

NAME			DATE
LAST	FIRST		
PRESENT ADDRESS			SOCIAL SECURITY
STREET			
CITY STATE ZIP			TELEPHONE
			HOME
			OTHER

WHICH POSITIONS ARE YOU APPLYING FOR:

ARE YOU ABLE TO WORK: (PLEASE MARK THOSE THAT APPLY)

<input type="checkbox"/>	FULL TIME	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>	ON CALL	<input type="checkbox"/>	DAY SHIFT	<input type="checkbox"/>	SWING SHIFT	<input type="checkbox"/>	GRAVEYARD SHIFT
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ETHNIC: CIRCLE ONE WHITE ASIAN HISP INA BLACK ASIAN/PAC IS	GENDER: CIRCLE ONE MALE FEMALE	CITIZENSHIP: (CIRCLE ONE) USA OTHER _____
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EDUCATION			
HIGH SCHOOL	YEAR GRADUATED	ADDRESS	CITY, STATE, ZIP:
TRADE, BUSINESS OR OTHER	YEAR GRADUATED	ADDRESS	CITY, STATE, ZIP:
COLLEGE	YEAR GRADUATED	ADDRESS	CITY, STATE, ZIP:
MAJOR	MINOR	DEGREE (S)	
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICE, SKILLS OR EXTRA-CURRICULAR ACTIVITIES.			
DESCRIBE ANY HONORS OR CERTIFICATES THAT YOU HAVE RECEIVED			
STATE INFORMATION YOU FEEL MAY BE HELPFUL TO US WHILE CONSIDERING YOUR APPLICATION			

VERIFICATION OF INDIAN PREFERENCE

	1 ENROLLED CHEHALIS TRIBAL MEMBER	ENROLLMENT NUMBER:
	2 SPOUSE OF AN ENROLLED CHEHALIS TRIBAL MEMBER	SPOUSE ENROLLMENT NUMBER:
	3 DESCENDANT OF AN ENROLLED CHEHALIS TRIBAL MEMBER	NAME OF ENROLLED PARENT:
	4 ENROLLED MEMBER OF ANOTHER TRIBE	NAME OF TRIBE:
	NONE OF THE ABOVE	

PERSONAL HISTORY

ALIAS NAMES	MAIDEN NAMES	PREVIOUS MARRIED NAMES	WRITTEN OR ORAL NAMES
DATE OF BIRTH	CITY	COUNTY	STATE/COUNTRY
ARE YOU AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?	ALIEN REGISTRATION NUMBER	PORT OF ENTRY	DATE OF ENTRY
DRIVER LICENSE INFORMATION FOR THE PAST FIVE YEARS	NUMBER	STATE	EXPIRATION DATE
HEIGHT:	WEIGHT:	HAIR:	SCARS/TATTOOS:
LANGUAGES SPOKEN/WRITTEN:			
HAVE YOU HAD A MAJOR ILLNESS IN THE PAST 5 YEARS?		PLEASE DESCRIBE	
HAVE YOU EVER RECEIVED COMPENSATION FOR INJURIES?		PLEASE DESCRIBE	
WOULD YOU BE WILLING TO TAKE A URINE ANALYSIS AS A CONDITION OF EMPLOYMENT?			
HAVE YOU EVER BEEN BONDED IN A POSITION?		NAME OF BONDING COMPANY AND POSITION FOR WHICH YOU WERE BONDED	

PERSONAL REFERENCES

LIST THREE REFERENCES INCLUDING: SOMEONE ACQUAINTED WITH YOU IN THE PAST 10 YEARS AND SOMEONE ACQUAINTED WITH YOU DURING ANY PERIOD THAT YOU HAD OWNERSHIP OR INTEREST IN ANY BUSINESS.			
NAME	ADDRESS	CITY, STATE, ZIP CODE	TELEPHONE

MILITARY SERVICE

VETERAN	VIETNAM	BRANCH OF SERVICE?	CAN YOU PROVIDE COPY OF YOUR FORM 214?	DATES OF SERVICE:	TYPE OF DISCHARGE:
YES NO	PERSIAN GULF ____ OTHER ELIGIBLE __				HONORABLE ____ OTHER _____

CRIMINAL RECORD

ARE YOU NOW OR HAVE YOU BEEN CONVICTED OF OR ARE YOU BEING PROSECUTED FOR A FELONY? NO YES

ARE YOU NOW BEING OR HAVE YOU EVER BEEN PROSECUTED OR CONVICTED OF A MISDEMEANOR (EXCLUDING MINOR TRAFFIC VIOLATIONS) WITHIN THE PAST 10 YEARS OF THE DATE OF THIS APPLICATION? NO YES

DISPOSITION AND DATE (WHAT RESOLUTION OF CHARGE)	DATE CHARGED	CHARGE	STATE	CITY	COUNTY

USE ADDITIONAL SHEET IF NECESSARY

EMPLOYMENT HISTORY

HAVE YOU EVER BEEN EMPLOYED BY THE CHEHALIS TRIBE BEFORE? YES NO

JOB TITLE	DATES FROM	TO	REASON FOR LEAVING

PLEASE COMPLETE THE FOLLOWING REGARDING YOUR EMPLOYMENT HISTORY FOR THE PAST **TEN** YEARS. BEGIN WITH YOUR MOST CURRENT OR MOST RECENT EMPLOYER. BE SURE TO LIST ANY SELF-EMPLOYMENT, UNEMPLOYMENT AND SCHOOL ATTENDANCE ATTACH SEPARATE SHEETS USING THE SAME FORMAT.

EMPLOYER	DATES	JOB TITLE/DUTIES	REASON FOR LEAVING
NAME	FROM MONTH, YEAR		
ADDRESS	TO MONTH, YEAR		
PHONE NUMBER		SUPERVISOR	

EMPLOYER	DATES	JOB TITLE/DUTIES	REASON FOR LEAVING
NAME	FROM MONTH, YEAR		
ADDRESS	TO MONTH, YEAR		
PHONE NUMBER		SUPERVISOR	

EMPLOYER	DATES	JOB TITLE/DUTIES	REASON FOR LEAVING
NAME	FROM MONTH, YEAR		
ADDRESS	TO MONTH, YEAR		
PHONE NUMBER		SUPERVISOR	

EMPLOYER		DATES	JOB TITLE/DUTIES	REASON FOR LEAVING
NAME		FROM MONTH, YEAR		
ADDRESS		TO MONTH, YEAR		ENDING SALARY
PHONE NUMBER			SUPERVISOR	

LICENSES

LIST ALL GAMING LICENSES THAT YOU HAVE APPLIED FOR, HAVE BEEN ISSUED, DENIED, SUSPENDED, SURRENDERED OR REVOKED. INCLUDE STATE OR TRIBALLY ISSUED LICENSES.

AGENCY	LICENSE NUMBER	ISSUE DATE	EXPIRE DATE
ADDRESS	TGA USE ONLY		
CITY, STATE, ZIP			

EXPLAIN ANY CIRCUMSTANCES THAT HAS RESULTED IN THE LOSS, SUSPENSION, WITHDRAWAL, DENIAL OR REVOCATION OF THE GAMING LICENSE DESCRIBED ABOVE.

LIST THE NAME AND ADDRESS OF ANY LICENSING/REGULATORY AGENCY WHICH YOU HAVE FILED AN APPLICATION FOR AND OCCUPATIONAL LICENSE OR PERMIT, WHETHER OR NOT GRANTED.

BUSINESS RELATIONSHIPS

COMPLETE THIS SECTION FOR ANY PREVIOUS OR EXISTING BUSINESS RELATIONSHIPS WITH INDIAN TRIBES OR GAMING INDUSTRY.

NAME OF TRIBE OR GAMING INDUSTRY	TGA USE ONLY
ADDRESS	
CONTACT NAME	
TELEPHONE NUMBER	
DESCRIPTION OF RELATIONSHIP	

FINANCIAL INTERESTS HELD

	YES	NO
HAVE YOU INVESTED OR LOANED MONEY, HAVE AN OPTION TO PURCHASE, OR HAVE A CONTRACT FOR SERVICE TO ANY GAMBLING FACILITY OR ACTIVITY?		
DO YOU HAVE OWNERSHIP INTEREST IN EQUIPMENT BEING LEASED OR OTHERWISE PROVIDED TO ANY GAMBLING FACILITIES?		
HAVE YOU EVER FILED FOR BANKRUPTCY INVOLVING ANY PERSONAL INTERESTS IN ANY GAMBLING FACILITY, MANAGEMENT CONTRACT OR AGREEMENT?		
DO YOU RECEIVE ANY REVENUE OR PAYMENTS OF MONEY FROM ANY PERSON WHO IS INVOLVED IN ANY GAMBLING FACILITY AS A RESULT OF THE OPERATION OF GAMBLING?		
HAVE YOU PREVIOUSLY OR CURRENTLY HELD A MANAGEMENT POSITION IN A CONTRACTED MANAGEMENT POSITION FOR ANY FEDERALLY RECOGNIZED INDIAN TRIBE?		

PLEASE EXPLAIN ALL YES ANSWERS

FINANCIAL INTERESTS HELD

PLEASE LIST ANY BUSINESS YOU HAVE OWNED OR HAD INTEREST IN, IT'S ADDRESS, YOUR OWNERSHIP INTEREST OR POSITION HELD WITHIN THE LAST TEN YEARS.

NAME OF BUSINESS	POSITION	INTEREST HELD
ADDRESS	FROM (MONTH, YEAR)	TO (MONTH, YEAR)
CITY, STATE, ZIP	TGA USE ONLY	
TYPE OF BUSINESS		

RESIDENCES PAST TEN YEARS

LIST ALL RESIDENCES FOR THE PAST TEN YEARS

FROM (MONTH, YEAR)	TO (MONTH, YEAR)	STREET, CITY, STATE, ZIP

ATTACH ADDITIONAL SHEET IF NECESSARY

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL OF MY ANSWERS AND STATEMENTS ARE TRUE, CORRECT, COMPLETE AND MADE IN GOOD FAITH. I AM AWARE THAT THE PURPOSE OF THIS INVESTIGATION IS TO DETERMINE MY SUITABILITY TO PARTICIPATE IN INDIAN GAMING. AS A CONDITION OF EMPLOYMENT, I AGREE TO UNDERGO PERIODIC DRUG/SUBSTANCE TESTING WITH OR WITHOUT PRIOR NOTICE. I UNDERSTAND THAT IF I TEST POSITIVE DURING MY PROBATIONARY PERIOD THAT MY EMPLOYMENT MAY BE TERMINATED. I FURTHER UNDERSTAND THAT BY SIGNING THIS APPLICATION FOR EMPLOYMENT, PERSONAL AND CRIMINAL HISTORY STATEMENTS THAT I AM AUTHORIZING SUCH TESTING AND ACKNOWLEDGE THE CONSEQUENCES OF A POSITIVE TEST. BY SIGNING THIS APPLICATION I AUTHORIZE AND GRANT MY CONSENT TO PERMIT ANY LAW ENFORCEMENT AGENCY AND ANY OTHER PERSON, BUSINESS OR AGENCY DEEMED NECESSARY TO RELEASE INFORMATION TO THE CHEHALIS TRIBAL GAMING COMMISSION.

SIGNATURE	PLACE	DATE
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APPLICATION IS VALID FOR 6 MONTHS FROM APPLICATION DATE