

Willapa Bay Enterprises Corporation

PO Box 95, Tokeland WA 98590-0095

Ph: (360) 268-7515

Corporate	Office	Shoalwater Bay Cas	sino	Georgetown Station		
Tradewinds on the	Bay Willar	oa Bay Construction	will	lapa Bay Technologies		
Plea	ase apply for only o	ne (1) business per	application	<u> </u>		
	Application	n for Employme	<u>nt</u>			
Please read the entire apple "None" where applicable. A be typed or printed carefully to be accepted. Incomplete a	pplication must be y written in ink so	completed neatly, that they are clear	legible and	l in full. Answers should		
Willapa Bay Enterprises Coand Indian preference is our qualified persons and does orientation, national origin,	hiring policy; how	ever, it is our polic on the basis of a	y to recruit, ge, religion	hire, train and promoted, sex, race, color, sexual		
The policy of Willapa Bay sufficiency by employing tri all descendants at all levels considered in making emplo	ibal members, other of Tribal Enterpris	r enrolled Native A es.ndian Preferer	Americans, A nce (PL93-63	Alaskans, Hawaiians and 88) is an important factor		
Position applied for:			Today's I	Oate:		
Please li	st one (1) position y	ou are interested in	n per applic	ation		
Personal Information						
Full Name:						
Last		First		Middle		
Mailing Address:						
City:	Sta	ate: 2	Zip Code: _			
Physical Address:						
City:	:	State:	Zip Code:			
Home Phone:	Cell Phone: .		_ Message I	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 #:						

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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 DegreeYesNo						
City/State: Type of degree/Area of study						
Dates attended:						
Province (Valentianal) Number of record convoleted Degree (Val						
Business/Vocational:Number of years completedDegreeYesNo						
City/State: Type of degree/Area of study						
Dates attended:						
Trade/Other:Number of years completed Degree Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
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:						

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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 yo	ou feel may be he	elpful to us in considering your application:				
	Employm	nent History				
	yer. Be sure to lis	loyment history for the Past 10 years. Begin with you st any gaps, self-employment, and school attendance. rmat.				
Employer						
Address	City	StateZip Code				
		To				
Rate of Pay Starting		Rate of Pay Final				
Name, title and phone number of c	lirect supervisor					
Your job title	Yo	pur responsibilities				
Reason for leaving						
Employer						
		StateZip Code				
Dates of employment From		To				
Rate of Pay Starting		Rate of Pay Final				
Name, title and phone number of c	lirect supervisor	·				
Your job title	Your responsibilities					

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Employment History Con't

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						
Employer						
Address			Zip Code			
Dates of employment From		To				
Rate of Pay Starting		Rate of Pay Final				
Name, title and phone number of	direct supervisor					
		7. 2172				
Your job title	1our	responsibilities				
Reason for leaving						
	Refere	ence				
List name and telephone number	of husiness/work ref	coronces that are not	related to you			
Elist fainte and telephone frameer	or business, work rer	erences that are not	related to you.			
Name	Company	1	Relationship			
Years Known	Phone Numb	er				
Name	Company	1	Relationship			
Years Known	Phone Numb	er				
Name	Company		Relationship			
Years Known	Phone Numb	er				

Applicant's Acknowledgement and Authorization

Please read carefully before signing

I,	, the Applicant, have read this release and understand all if	it
	rms, 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 n 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.	y
•	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
•	I hereby authorize any and all schools, former employers, references, courts and any others who has 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.	ot
Ву	signing below I acknowledge that I have read, understand and agree to the above statements.	
Sig	gnature of Applicant Date	