



EMPLOYMENT APPLICATION

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PERSONAL IN	FORMATION					
Position(s) Appli	ed For				Date Of	Application
		I =:		T 1		
Last Name		First Name		Middle Initial	Telepho	ne Number
Address			City		State	Zip Code
			,			
Can you provide		work ?hip or immigration status will be				Yes□ No
If you are under	18, can you furnish a work peri	mit if it is required?				Yes□ No
Have you ever be	en previously employed by our	organization?	•••••			Yes□ No
If so, dates of em	nployment	Po	sition			
Are you currently	employed?					Yes□No
May we contact y	our present employer?					Yes□No
Availability to wo	ork:				□ Full Tim	ne…□ Part Time
What shifts are y	ou available to work?			□ Day□ Swi	ng□	Grave □ All
Are you able to n	Are you able to meet the attendance requirements?□ Yes□ No					
Do you have any	objection to working overtime	if necessary?				Yes□ No
Can you travel if required by this position?						Yes□ No
Are any persons r	related to you presently emplo	yed with us?				Yes□ No
List Names:						
Have you ever be	een convicted of a crime?					Yes□ No
If yes, please exp	olain (a conviction will not auto	omatically bar employment):				
Desired rate of pa	ay:					
EDUCATION						
	Scho	ol Name & Address		Course of Stu	ıdy	Graduated?
High School						
College						
Technical						

MILITARY INFORMATION		
	If YES, Branch	
ype of discharge	Dates of service from to	_
ANGUAGES		
st any languages you can speak, read and/or wr	ite other than English:	
		
PECIALIZED SKILLS		
	ning, apprenticeship, computer programs and/or applicable skills.	
PERSONAL REFERENCES		
OU MUST HAVE 3 REFERENCES (not related to y	ou and not your current or previous employer)	
(Name)	(Phone #)	
(Address)		
(Name)	(Phone #)	
(Address)		
(Name)	(Phone #)	
(Name) (Address)	(Phone #)	

EMPLOYMENT EXPERIENCE

Start with your present or last job. 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.

Employment experience must cover 10 years. If you need additional space, please continue on a separate sheet of paper.

Employer	Employed	Hourly Rate/Salary
	from/ to/	
Address	Your .	Job Title
Telephone Number	Super	visor's Name
Reason For Leaving		
Work Performed		
Employer	Employed from/ to/	Hourly Rate/Salary Starting Ending
Address	Your .	Job Title
Telephone Number	Super	visor's Name
Reason For Leaving		
Work Performed		
Employer	Employed from / to /	Hourly Rate/Salary
Employer Address	from/ to/	Hourly Rate/Salary Starting Ending Job Title
	from/ to/ Your .	Starting Ending
Address	from/ to/ Your .	Starting Ending Job Title
Address Telephone Number	from/ to/ Your .	Starting Ending Job Title
Address Telephone Number Reason For Leaving	from/ to/ Your .	Starting Ending Job Title
Address Telephone Number Reason For Leaving	from/ to/ Your . Super	Starting Ending Job Title visor's Name Hourly Rate/Salary
Address Telephone Number Reason For Leaving Work Performed	from/ to/ Your Super	Starting Ending Job Title visor's Name Hourly Rate/Salary
Address Telephone Number Reason For Leaving Work Performed Employer	from/ to/	Starting Ending Job Title visor's Name Hourly Rate/Salary Starting Ending
Address Telephone Number Reason For Leaving Work Performed Employer Address	from/ to/	Starting Ending Job Title visor's Name Hourly Rate/Salary Starting Ending Job Title
Address Telephone Number Reason For Leaving Work Performed Employer Address Telephone Number	from/ to/	Starting Ending Job Title visor's Name Hourly Rate/Salary Starting Ending Job Title

STATEMENT AND CONSENT

In compliance with the Privacy Act of 1974, the following information is provided:

Solicitation of the information contained within this application formation is to determine the eligibility of individuals to be en Indian Gaming Commission members and staff who have need tion may be disclosed to appropriate Federal, Tribal, State, Lot to civil, criminal or regulatory investigations or prosecutions of Commission in connection with the hiring or firing of an employactivities while associated with a tribal or gaming operation. In tribe's being unable to hire you in any positionInitial	mployed in a gaming operation. for the information in the perfocal or Foreign Law Enforcement when pursuant to a requirement to the issuance or revocation	The information will be used by The National ormance of their official duties. The informant and Regulatory Agencies when relevant ent by a tribe or The National Indian Gaming of a gaming license or investigations of
A false statement on any part of your application may be grou be punished by fine or imprisonment (US Code, Title 18, Section		ring you after you begin work. Also, you may
Due to the nature of our business, you will be subject to an expart of this application, you hereby authorize the CICC and its tion of your character, conduct, credit, education, employment any other clearance agencies and give the right to access any Signature	s agents to investigate your refe nt and criminal records includir	erences, and to make an independent investiga- ng the Federal Bureau of Investigation and/or
I hereby release all persons from liability as a result of such di	isclosure.	Signature
I hereby authorize and give my consent to be given a drug and be tested by the doctor or lab appointed by the CICC and I fur or its agents for administrative use as they deem necessary.	ther authorize the test results	to be disseminated to the Tribal Council and/
I hereby authorize all persons who may have information relevation to the CICC and its agentsInitial	vant to this application or back	ground investigation to disclose said informa-
I understand that failure to reveal any prior employer, or the requested information on this application will be grounds for termination of my employmentInitial		
All employees are "employees at will". There is no employmentInitial	nt contract implied or expresse	d between any employee and the CICC.
LUAVE READ AND UNDERSTAND THE ABOVE INFORMATION		
I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION		
Signature:		Date:
Print Name:		
(Last)	(First)	(Middle Initial)