

Lake of the Torches Resort Casino & Bingo

Application for Employment

Date of Eligibility for employment: _____	Date of Application: _____
Position Applying For: _____	
Shift: 1st ___ 2nd ___ 3rd ___ Other: _____	
Part Time _____	Full Time _____
Minor's Only: 14-15 _____ 16-17 _____	

PLEASE NOTE: Complete all parts of this application. If your application is incomplete, or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A. Please use full names, no initials. Use complete mailing addresses, including zip codes.

Name & Addresses

Name (First, Middle, Last):	Social Security Number:
Mailing Address: P.O. Box:	Physical Address:
City, State & Zip Code:	Home Phone or Contact:
E-Mail Address:	May we use e-mail to contact you? YES ___ NO ___
Are you a Tribal Member? YES ___ NO ___	If Yes, what Tribe? Enrollment Number: _____

Education

(Schools attended or special training received)

**** Documentation of education may be required ****

High School	From: _____	Did you graduate? YES ___ NO ___
	To: _____	
Location	Type of degree or diploma:	
College	From: _____	Did you graduate? YES ___ NO ___
	To: _____	
Location	Type of degree or diploma:	
Other	From: _____	Did you graduate? YES ___ NO ___
	To: _____	
Location	Type of degree or diploma:	

Describe any specialized training or skills: _____

Additional Information

Have you been an employee of this organization in the past? YES ___ NO ___
Are you able to perform the essential functions of the position for which you have applied? YES ___ NO ___
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. ** YES ___ NO ___
Have you ever been convicted of a felony? ** YES ___ NO ___ Reason and Date? _____
Have you ever been convicted of a misdemeanor? ** YES ___ NO ___ Reason and Date? _____

**** These questions must be answered in order to be considered for employment.**

Work History
(Most recent first)

Job Title	From	To	Salary
Employer	Address		
Phone	Supervisor	May we contact this employer? YES ___ NO ___	

Reason for leaving: _____

Job Title	From	To	Salary
Employer	Address		
Phone	Supervisor	May we contact this employer? YES ___ NO ___	

Reason for leaving: _____

Job Title	From	To	Salary
Employer	Address		
Phone	Supervisor	May we contact this employer? YES ___ NO ___	

Reason for leaving: _____

Military Information

Have you served in the Military? YES ___ NO ___ Branch _____

If yes, when _____ Release date/type discharge _____

REFERENCES

Name and current addresses of at least two personal references, who have been acquainted with the applicant during the past five years.

Name	Mailing Address	City/State	Zip Code	Phone No.

NOTICE REGARDING FALSE STATEMENTS

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts in this application is cause for disqualification and/or separation from employment. I am also aware that I may be punished, by fine or imprisonment (U.S. Code, Title 18, Section 101).

Signature of Applicant _____

Date _____

PRE-EMPLOYMENT STATEMENT

(Please read and sign below)

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application may be justification for disqualification and/or separation of employment from Lake of the Torches Resort Casino.
2. Any offer of employment I may receive from Lake of the Torches Resort Casino is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that are considered satisfactory.
3. I understand that as a condition of employment, I will be required to undergo and successfully pass a drug screen. I also understand and agree that, if employed, I will be required to submit to random drug screening at any time at the discretion of Lake of the Torches Resort Casino. I hereby consent to having the results of any such screening disclosed to Lake of the Torches Resort Casino.
4. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. I hereby release them from any liability for damages arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company, and understand that my employment can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company other than the Chief Executive Officer has the authority to enter into any employment contract with me or modify our at-will relationship, and that any such contract must be approved by the Lake of The Torches Resort Casino Gaming Commission.
6. Applications will remain active for 90 days from the date of the application. It is my responsibility to check on the status of my application. After 90 days, if still interested in employment with Lake of The Torches Resort Casino, I understand that it is my responsibility to update my application in person.

Signature

Date

