

# Application for Employment



112 Casino Drive  
Pine Ridge, SD 57770

**PLEASE PRINT**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
P.O. Box/Street City State Zip Code

Telephone # \_\_\_\_\_ Mobile/Beeper/Other Msg # \_\_\_\_\_ Email address \_\_\_\_\_  
(optional)

Casino applicant (must be 21).....  Yes  No

Have you ever been employed here before?.....  Yes  No

Are you legally eligible for employment in this country?.....  Yes  No

Date available for work..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of work desired  Full-time  Part-time  Temporary  Seasonal  Educational Internship

Are you able to meet the attendance requirements of the position?.....  Yes  No

Have you ever been convicted of a felony?.....  Yes  No

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

**Employment History**

Provide the following information for your past three (3) employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Telephone ( )
Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	

Reason for Leaving \_\_\_\_\_ Hourly rate/Salary  
Start\$ \_\_\_\_\_ per Final \$ \_\_\_\_\_ per

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## Skills and Qualifications

Summarize and training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

## Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

## References

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THE APPLICATION I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND IT'S REPRESENTATIVE FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THE APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FORM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 6 MONTHS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WITH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL B ENCESSARY TO FILL OUT A NEW APPLICATION.

I UNDERSTAND THAT IF I AM SELECTED FOR HIRE AND DO NOT MEET THE REQUIRMENTS OF PRE-EMPLOYMENT DRUG TESTING AND/OR FOR ANY OTHER REASON DO NOT START WORK IN THE POSITION SELECTED/HIRED FOR, I MUST WAIT THIRTY (30) DAYS TO REAPPLY FOR EMPLOYMENT.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FORGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_