



SEMINOLE NATION GAMING AGENCY

600 Lexington St. Seminole, OK 74868

Employment Application

Name _____ Social Security # _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: () _____ Cell: () _____

E-Mail Address: _____ Position/s Applied for _____

Date of Application: ____/____/____ Claiming Indian Preference?..... Yes No If yes list Tribe _____

If necessary, best time to call you at home is
between.....&_____am/pm May we

contact you at work?..... Yes No

If **yes**, work number and best time to call () _____
_____am/pm

If No Please Explain _____

Do you have any relatives or cohabitants working for SNGA
or SNGE? Yes No If **yes**, list Name(s) & Position(s)

Have you ever been employed here before?..... Yes

No If **yes**, give dates From:
____/____/____ To ____/____/____

Are you legally eligible for employment in this country?

Yes No

Date available for work.....____/____/____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: FullTime Part Time
 Educational CoOp Seasonal Temporary

Military Service..... Yes No

Branch: _____ From: _____ To: _____

Rank: _____ Type of Discharge: _____

Will you travel if job requires it?..... Yes No

Have you ever been banned from a Seminole Nation Casino
or any other casinos?

Yes No If **yes**, please explain with dates

Driver's license number required if driving may be required
in the job which you are applying:

_____ State _____

Have you ever been bonded?..... Yes No

Answering "yes" to the following question does not constitute
an automatic bar to employment. Factors such as date of the
offense, seriousness and nature of the violation,
rehabilitation and position applied for will be taken into
account.

Have you ever pled "guilty" or "no contest" to, or been
convicted of, a crime?..... Yes No

If **yes**, please provide date(s) and details:

Employment History

Please list your work experience for the **past five years** beginning with your most recent job held

Name of Employer/Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/>		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer/Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/>		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer/Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
May we contact for reference: Yes <input type="checkbox"/> No <input type="checkbox"/>		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employment History (continued)

Are you presently employed?..... Yes No Name of Contact: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. Also list machinery or equipment you can operate that relates to the job for which you are applying?

Computer Skills (Check appropriate boxes. Indicate levels: Beginner, Intermediate or advanced.)

- | | |
|--|---|
| <input type="checkbox"/> Microsoft Word _____ Level: _____
<input type="checkbox"/> Microsoft Excel _____ Level: _____
<input type="checkbox"/> Microsoft Powpoint _____ Level: _____
<input type="checkbox"/> MicrosoftAccess _____ Level: _____ | <input type="checkbox"/> Microsoft Outlook _____ Level: _____
<input type="checkbox"/> Email/Internet _____ Level: _____
<input type="checkbox"/> Other _____ Level: _____
<input type="checkbox"/> Other _____ Level: _____ |
|--|---|

Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
College or University		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
Vocational Or Technical		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
High School or GED:		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
Other:		<input type="checkbox"/> Diploma <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors.

Name	Title	Relationship to you	Telephone	Number of years known

Related Information

Please read each Applicant Statement before signing.

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I understand that any false information or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and other. I understand that I have the right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any and all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that I may be required to successfully pass a drug screening examination. I hereby consent to random post employment drug screen as a condition of employment, if required.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law.

I understand that this application or subsequent employment does not create a contract for employment nor guarantee employment for any specified period or definite duration. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the President and signed by authorized Gaming Agency Personnel.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will sufficiently cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and by my signature consent to these statements.

Signature of Applicant _____ Date ___/___/___ (If applicant should be employed by SNGA, this application will become a permanent document in your personnel file)