



APPLICATION FOR EMPLOYMENT
Please print or type all information except signature.

PO Box 639
Mobridge, SD 57601
Tel.: 605-845-7104
Fax: 605-845-7108

General Information:

Date _____

Position(s) applying for (1) _____ (2) _____ (3) _____ (4) _____

Referral Source Newspaper Friend Relative Employment Agency
 Internet Search Walk-in Other

Name _____
Last First Middle

Address _____
Number Street City State Zip

Home Telephone (____) _____ E-mail address _____

Cell Phone (____) _____

The minimum age for employment is 18. Some positions require employees to be 21 years of age.

Are you at least 18 years of age? Yes No
Are you at least 21 years of age? Yes No

Have you ever been employed here before? Yes No If yes, give date _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Are you a United States citizen? Yes No If no, do you have a valid work permit? Yes No
(Proof of citizenship or immigration status may be required upon employment)

Employment desired: Full-time Part-time

When are you available for work? _____

Are you on a lay-off and subject to recall? Yes No

Background Information:

Within the past five years, have you been convicted of a misdemeanor involving fraud, misrepresentation, gambling or theft?
 No Yes

If yes, please explain. _____

Have you ever been convicted of a felony? No Yes

If yes, please explain. _____

Are you an enrolled member of a Native American or an Alaska Native Tribe? No Yes

If so, what Tribe? _____

Education:

Type of School	Name of School and City/State	Number of Years Completed	Major & Degree
High School or GED			
College			
Graduate School			
Bus. or Trade School			
Professional School			
Special Honors			

COMPUTER SKILLS (Only for positions which require computer skills)

Check off those computer skills with which you are proficient (any version).

- PC User Macintosh User Windows Microsoft Word Microsoft Outlook
 Microsoft Excel E-mail Internet Other _____

DRIVER'S LICENSE (Only for those positions that require driving)

Do you have a valid driver's license? Yes No

Driver's license number _____ Issuing State _____ Operator Commercial (CDL)

Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

Military:

Are you a veteran of the United States military service? Yes No If yes, what branch? _____

If yes, Date Entered _____ Date Discharged _____

If yes, please describe any special skills or training acquired while in the service: _____

WORK EXPERIENCE:

Please list your work experience beginning with your most recent job. Attach additional sheets if necessary.

Most recent Employer	Dates Employed From: To:	Work Performed (please include position(s) held)
Address	Name of Supervisor	
Job Title	Reason for Leaving	
Employer	Dates Employed From: To:	Work Performed (please include position(s) held)
Address	Name of Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed (please include position(s) held)
Address	Name of Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed (please include position(s) held)
Address	Name of Supervisor	
Job Title	Reason for Leaving	

References:

Please list three references other than relatives or previous employers.

Name _____ Address _____

Position _____

Company _____ Telephone (____) _____

Name _____ Address _____

Position _____

Company _____ Telephone (____) _____

Name _____ Address _____

Position _____

Company _____ Telephone (____) _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

An applicant for employment with any gaming establishment on the Standing Rock Sioux Reservation is required by tribal, federal and state gaming laws to fully disclose information concerning his/her criminal history, including all felonies and, particularly, crimes involving theft and deception.

Accordingly, NOTICE is hereby given that the failure to disclose all such information accurately on the application may result in denial or revocation of a gaming license as well as criminal prosecution.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by GRC's designated health practitioner.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize the Standing Rock Sioux Tribe Gaming commission and its agents or any agency of its choice, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

PLEASE SIGN HERE: _____ **DATE** _____

Non-Discrimination Policy: GRC is committed to the principle of equal opportunity in employment. GRC does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities. GRC shall give preference to qualified Native Americans and Alaska Natives in all aspects of recruitment and employment.

STANDING ROCK SIOUX TRIBAL GAMING DEPARTMENT
Background Form

The purpose of the request is to conduct a background investigation on all final applicants.

Last Name: _____ First Name: _____

Middle Name: _____ Other Names Used: _____

Tribal Affiliation: _____

Social Security # _____ - _____ - _____ Date of Birth _____ - _____ - _____

Mailing Address: _____

CRIMINAL HISTORY: *OTHER THAN MINOR TRAFFIC OFFENSES*

You must disclose all information about a criminal record or history **YES NO**

Have you ever been charged with a crime (felony or misdemeanor)?

Have you ever been convicted of a crime (felony or misdemeanor)?

Have you been released from incarceration (prison), probation, or parole during the past 5 years?

If Yes what date were you released from Incarceration: _____

If yes to any of the above, list all criminal charges, convictions, and dispositions: Use additional Forms if needed.

Date of Conviction:	Offense:	Disposition	City/State	County	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
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Date of Conviction:	Offense:	Disposition	City/State	County	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
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Date of Conviction:	Offense:	Disposition	City/State	County	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
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Have you ever been denied a gaming work permit or license by the state or another government agency? **YES NO**

Have you ever had a gaming work permit suspended or revoked?

If yes, please explain _____

In connection with this request, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal court, military services and persons to release information they may have about me to the Tribal Gaming Commission, or their agent. This releases the aforesaid parties from any liability and responsibility for releasing the above information.

I authorize the procurement of my SD Worker's Compensation files or any other states worker's compensation files. I also authorize a consumer credit report to be run. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or update that may be requested.

Applicant Signature: _____ Date _____

Witness Signature: _____ Date _____