

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) | | |
|--|----------------------------|------------------------------------|
| 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