



EMPLOYMENT APPLICATION

The Lucky Star and Feather Warrior Casinos are Equal Opportunity Employers and will not discriminate against an applicant or employee on any grounds protected under federal, state, or local law including race, color, creed, religion, age, sex, national origin, ancestry, marital status regarding public assistance, membership or non-membership in any legal organization, or any other characteristic protected under federal, state, or local law. None of the questions in this application are intended to elicit information regarding any protected characteristic, nor imply any limitation, illegal preference, or discrimination based upon non-job related information or protected characteristics.

If you are hired by the casino(s) you will be employed on an at-will basis. As an at-will employee, you may terminate your employment at any time, for any reason and with or without prior notice, cause or discipline. No casino supervisor or manager has the authority to offer or promise anything other than at-will employment.

I. GENERAL INFORMATION

Name:	Position Applied For:		
Social Security Number:			
Address	City	State	Zip
Permanent Address	City	State	Zip
Home Phone Number	Mobile Phone Number/Alternative:		

If employed and under the age of 18, can you furnish a work permit? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or Immigration status will be required upon employment) Yes No

Are you able to work: (Please mark all that apply)

Full Time	Part-Time	On-Call	Day Shift	Swing-Shift	Grave Shift
-----------	-----------	---------	-----------	-------------	-------------

On what date would you be available to work?

What hours would you be available to work?

Have you been convicted of a felony within the past 10 years? Yes No

CRITERIA FOR GAMING LICENSE DISQUALIFICATION

FELONIES

Absolutely no felonies within the past ten (10) years.

MISDEMEANORS

- THEFT/FRAUD within two (2) years AUTOMATIC DISQUALIFICATION
- DOMESTIC ABUSE/ASSAULT AND BATTERY within two (2) years AUTOMATIC DISQUALIFICATION (Unless applicant can provide proof that he/she has attended a treatment program)

- DRUG/ALCOHOL RELATED OFFENSES within two (2) years AUTOMATIC DISQUALIFICATION (Unless applicant can provide proof that he/she has attended a treatment program)

II. RESIDENCE HISTORY

Please provide your residence information for the past five (5) years. Start with your present residence. You may attach additional papers if necessary.

Address		City	State	Zip
From	To:	Landlord	Landlord Contact #	
Address		City	State	Zip
From	To:	Landlord	Landlord Contact #	
Address		City	State	Zip
From	To:	Landlord	Landlord Contact #	
Address		City	State	Zip
From	To:	Landlord	Landlord Contact #	
Address		City	State	Zip
From	To:	Landlord	Landlord Contact #	

III. EMPLOYMENT HISTORY

Please provide employment information for the past five (5) years. Start with your present or last job, include military service, assignments and volunteer activities. You may exclude organization names which indicate race, color, gender, national origin, handicap or other protected status. You may attach additional papers if necessary.

Employer Name:	Employer Address:
Telephone No.:	Supervisor (Name and Title):
Position Title:	Pay Rate:
Date of Employment	From: To:
Description of Duties:	
Reason for Leaving:	

Employer Name:	Employer Address:
----------------	-------------------

Telephone No.:	Supervisor (Name and Title):
Position Title:	Pay Rate:
Date of Employment	From: To:
Description of Duties:	
Reason for Leaving:	

Employer Name:	Employer Address:
Telephone No.:	Supervisor (Name and Title):
Position Title:	Pay Rate:
Date of Employment	From: To:
Description of Duties:	
Reason for Leaving:	

Employer Name:	Employer Address:
Telephone No.:	Supervisor (Name and Title):
Position Title:	Pay Rate:
Date of Employment	From: To:
Description of Duties:	
Reason for Leaving:	

IV. MILITARY SERVICE

Branch:	Rank:
Description of Military Duties:	Present Membership (i.e. National Guard, Reserves, etc.)

V. SPECIAL SKILLS AND QUALIFICATIONS

Licenses:
Professional Affiliation or Membership:
Languages:
Certifications:
Typing, Computer or Office Skills:

VI. EDUCATION

High School	Year Graduated	Address	City, State, Zip
Trade, Business, Other	Year Graduated	Address	City, State, Zip
Major(s)	Minor(s)		Degree(s)
College	Year Graduated	Address	City, State, Zip
Major(s)	Minor(s)		Degree(s)
Describe any specialized Training, Apprentices Skills, or Extra-Curricular Activities.			
Describe any honors or certificates that you have received.			
State information you feel may be helpful to us while considering your application.			

VII. REFERENCES

List three references not related to you.			
NAME	ADDRESS	CITY, STATE, ZIP	TELEPHONE

VIII. VERIFICATION OF INDIAN PREFERENCE

1. Enrolled Cheyenne and Arapaho Tribal Member	Enrollment Number:

2. Enrolled Member of Another Tribe

Enrollment Number:

INDIAN PREFERENCE: It is the policy of the casinos to give preference in employment to qualified, enrolled members of the Cheyenne and Arapaho Tribes and secondly, to qualified members of other Indian Tribes or Native American Groups. Third preference will be given to all other qualified applicants.

Two forms of I.D (including one picture I.D.) is required to complete this application. Acceptable forms of I.D. include a valid Driver's License, Certified Degree of Indian Blood (CDIB), State I.D., Voter Registration card, Social Security card or Birth Certificate. **A tribal enrollment card or certified degree of Indian blood (CDIB) card is needed to apply to verify eligibility of Indian Preference.**

APPLICANT'S STATEMENT

By my signature below, I promise that the information provided in this employment application (and in any related documentation and or interview) is true and complete, and I understand that any false or misleading information or significant omissions may result in dismissal from employment, if discovered at a later date. I agree to immediately notify the casino of my employment if I should be convicted or plead guilty to any crime while my job application is pending, or during my period of employment, if hired.

I authorize any person, school, current employer (except as previously noted), past employers, and organizations named in this application form (or related documentation or interview) to provide the casino with any information and opinion requested by legal liability and making such statements.

I understand that this application does not create a contract of employment. I understand that if hired, I am obliged to comply with any and all current and subsequently adopted casino policies. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of date or payment of wages or salary, be terminated at any time, for any reason, and with or without cause, notice or prior discipline. I understand that no person is authorized to change any of the terms mentioned in this employment application.

Applicant's Signature

Date

CONSENT FOR DRUG/ALCOHOL SCREENING

IF YOU ARE OFFERED AND ACCEPT EMPLOYMENT WITH THE CASINOS, YOU WILL BE REQUIRED TO TAKE A URINE TEST FOR DRUG/ALCOHOL USE AS A CONDITION OF EMPLOYMENT. THE CASINOS ALSO REQUIRE INDIVIDUALS TO SUBMIT TO RANDOM TESTING THROUGHOUT THEIR EMPLOYMENT. THE PURPOSE OF DRUG AND ALCOHOL TESTING IS TO ENSURE A DRUG-FREE WORKING ENVIRONMENT.

I, _____, have been fully informed by my potential employer of the reason for this urine test for drugs and alcohol. I understand what I am being tested for, the procedure involved, and I freely give my consent. I also understand that the results of this test will be sent to my prospective employer and will become part of my record.

If this test is positive and for this reason I am not hired, I understand that I will be given the opportunity to explain the reasons for the results of this test.

I authorize these test results to be released.

Applicant

Witness

Date

Date

PRIVACY NOTICE TO APPLICANT

In compliance with the Privacy Act of 1974, the following information is provided:

Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. This information will be used by the casino members and staff who need the information in the performance of their official duties. The information may be disclosed to appropriate federal, tribal, state, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the hiring or firing of an employee, the issuance of revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation.

Failure to consent to the disclosures indicated in this notice will result in the Tribes' being unable to hire you in a primary management or key employee position.

The disclosure of your Social Security Number (SSN) is voluntary, however, failure to supply a SSN may result in errors in processing your application.

NOTICE REGARDING FALSE STATEMENTS

A false statement on any part of this application may be grounds for not hiring you, or for firing you after you begin work. False statement may also be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

Applicant's Signature

Date