7 CLANS CASINOS

Application for Employment

It is our policy to comply with all applicable State and Federal Laws prohibiting discrimination in employment based on race, age, color, sex, religion, origin, or other protected classification: Native American Preference Applies.

□First Council Casino

□ Paradise Casino □Gasino-Chilocco

□Gasino-RedRock

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR REVIEW

| Full Name: | | | | | |
|------------------------------|---|-------------------------------|------------------|-------------------------------------|-----------------|
| | NAME) | (FIRST NAME) (FULL MIDDLE NAM | | DDLE NAME) | |
| Maiden /Other Names Used: | | | S.S.# | ŧ | |
| | S.S.# | | | | |
| Address: | | | | | |
| | P.O. Box) | | (City) | (State) | (Zip Code) |
| (011001, 1 | .0. Dox) | | (Only) | (Oldic) | (2)0 0000) |
| Home #: | (| Cell #: | | Message #: | |
| Are you at least 18 | years of age: | _ Are you at least | 21 years of aç | Je (Beverage Services requir | rement): |
| | r of a Federally e American Tribe? y of your CDIB card to qua | | | | enrollment card |
| • | ositions applying for/ir | nterested in: (N | ot all positions | s available at all locati | ons) |
| *Valet 🗍 Food Se | ervices 🗌 🔹 Beverage S | Services 🗌 💦 | Slots Techs 🗌 | Slot Attendant | s 🗌 🛛 IT 🗍 |
| _ | | _ | | | |
| Players Club Reps. | Soft Count | Housekeeping 🗌 | Maintenan | ice 🗌 🤅 Bingo 🗌 | Cash-Ops 🗌 |
| Security 🗌 🛛 Tab | ole Games Other: | | | | |
| | | | | | |
| Which days and shifts | s can you work: <mark>(Most positi</mark> | ons are required to w | vork weekends | and holidays) | |
| □Monday □Tu | esday □Wednesday | □Thursday | □Friday [| ⊐Saturday ⊡Sund | lay □Any |
| | | | Linday I | | |
| Days (Most day pos | itions are in-house only) | □Swing □0 | Graveyard | □Split Shifts | □Any |
| Date vou will be avail | able to begin employment: | | | | |
| | | | | | |
| | ked for any division of OI erties, First Council Hote | | | | 🗆 YES 🗖 NO |
| If so, which Proper | ty: | Department: | | Date(s): | |
| Do you have any re | elatives employed by any | y of the casinos that | at you are app | olying at? □YES □N | D If so, |
| Who: | Where: | Departme | ent: | Relationship: | |
| | | • | | · - | |
| Who: | Where: | Departme | ent: | Relationship:_ | |
| | | | | | |
| Have you ever held | I a Gaming License? □Y | ′ES □NO If so, \ | When | Where | |
| - | ion requires valid Driver's Lice | | | | 10/2014 |

| WORK HISTORY (Please list for the <u>PAST 5 YI</u> | EARS and account for <u>A</u> | <u>ANY GAPS</u> in e | <mark>mployment)</mark> |
|--|------------------------------------|----------------------|-------------------------|
| Most Recent/Current Employer: May we contact your present employer: Yes | No | | |
| Business Name Address | | Telephone # | ł |
| Name and Title of Supervisor | | | |
| Starting Position | Date Started | \$ | Per |
| Position on Leaving | Date Left | \$ | Per |
| Reason for Leaving: | | | |
| Description of Duties: | | | |
| | | | |
| Previous Employer: Business Name | mployer: Business Name Telephone # | | e # |
| Address/Location | Name and Title of Supervisor | | |
| | Data Started | \$ | Per |
| Starting Position | Date Started | \$ | Per |
| Position on Leaving | Date Left | ¥ | |
| Reason for Leaving: | | | |
| Description of Duties: | | | |
| | | | |
| Previous Employer: | | | |
| Business Name | | Telephon | e # |
| Address/Location | Name and Title of S | | |
| Starting Position | Date Started | \$ | Per |
| Position on Leaving | Date Left | \$ | Per |
| Reason for Leaving: | | | |
| Description of Duties: | | | |

| | Business Name | | Teleph | one # |
|------------------------|---------------|------------------------------|-----------------------|-------|
| Address/Location | | Name and Title of Supervisor | | |
| | | | \$ | Per |
| Starting Position | | Date Started | ¥ | e. |
| | | | \$ | Per |
| Position on Leaving | | Date Left | | |
| Reason for Leaving: | | | | |
| Description of Duties: | | | | |
| | | | | |
| | | | | |
| Previous Employer: | Business Name | | Teleph | one # |
| Address/Location | | Name and Titl | d Title of Supervisor | |
| | | | \$ | Per_ |
| tarting Position | | Date Started | | |
| | | | \$ | Per |
| Position on Leaving | | Date Left | | |
| Reason for Leaving: | | | | |
| Description of Duties: | | | | |
| | | | | |
| Previous Employer: | | | | |
| | Business Name | | Teleph | one # |
| Address/Location | | Name and Titl | e of Supervisor | |
| | | | \$ | Per |
| tarting Position | | Date Started | | |
| Position on Leaving | | Date Left | \$ | Per |
| - | | | | |
| Reason for Leaving: | | | | |
| Description of Duties: | | | | |

| EDUCATION | | | |
|---------------------------|-------|----------------|-------------------|
| Name & Location of School | Major | Diploma/Degree | Did you graduate? |
| | | | yes no |
| COLLEGE/UNIVERSITY: | | | yesno |
| COLLEGE/UNIVERSITY: | | | yesno |
| OTHER TRAINING/EDUCATION: | | | yes no |

| During the last 7 years, were you fired from any job for any reason? Did you quit after being | | |
|---|-----|------|
| told that you would be fired, or did you leave by mutual agreement because of a specific problem? | YES | _NO |
| Have you ever been convicted of, or forfeit collateral for any felony violations? | | |
| Even if charges were dropped or reduced? | YES | _ NO |
| Have you ever been convicted of, or forfeit collateral for any misdemeanor violations? | | |
| Even if charges were dropped or reduced? | YES | _ NO |
| During the last 10 years have you forfeited collateral, been convicted, been imprisoned, | | |
| Been on probation, been on parole, or had a deferred sentence? | YES | _NO |
| | | |

If you answered "Yes" to any of the 4 questions above, explain for each job/conviction the problem(s) and your reason(s) for leaving/imprisonment. Please include specifics such as: Employers name and address, full explanation of any violations, place of occurrences, and name/address of police or court involved, dates are required:______-

You must sign this application in order to be considered for any position you apply for. <u>Before signing please READ AND INITIAL</u> the following notices:

| Any false statement made on this application may be grounds for non-hire, or if hired, subsequent |
|---|
| termination. |

I understand that any information I give may be investigated as allowed by law.

- By signing this document you are giving the Casino and the Otoe-Missouria Gaming Commission authorization to conduct a background investigation and to inquire on credit, criminal, public and employment records.
- I certify that, to the best of my knowledge and belief, all statements are true, correct, complete, and made in good faith.

Signature:____

__Date:_____

Human Resources Only

Signature_

Date Reviewed/Prescreened:

Please add any additional information that you would like considered: