

Application for Employment

OTOE-MISSOURIA GAMING COMMISSION

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 Perry Casino Gaming Commission

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR REVIEW**

Full Name: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (FULL MIDDLE NAME)

Maiden /Other Names Used: \_\_\_\_\_ S.S.# \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, P.O. Box) (City) (State) (Zip Code)

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Message #: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Email address: \_\_\_\_\_

Are you authorized to work in the U.S.? \_\_\_\_\_ Are you at least 18 years of age: \_\_\_\_\_

Are you a member of a Federally Recognized Native American Tribe? \_\_\_\_\_ If yes, please state Tribal affiliation: \_\_\_\_\_

(Must provide a copy of your CDIB card to qualify for Native Preference or provide a tribal citizenship/ enrollment card or documentation.)

Days and/or shifts available to work: **Positions may be required to work weekends and holidays**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Any

Days (Most day positions are in-house only) Swing Graveyard Split Shifts Any

Date you will be available to begin employment: \_\_\_\_\_

Have you ever worked for any division of OMDA -First Council Casino, 7 Clans Paradise Casino, either Gasino properties, First Council Hotel, Otoe-Missouria Gaming Commission, or the Otoe-Missouria Travel Marts?  YES  NO

If so, which Property: \_\_\_\_\_ Department: \_\_\_\_\_ Date(s): \_\_\_\_\_

Do you have any relatives employed by any of the casinos that you are applying at?  YES  NO If so,

Who: \_\_\_\_\_ Where: \_\_\_\_\_ Department: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Have you ever held a Gaming License?  YES  NO If so, When \_\_\_\_\_ Where \_\_\_\_\_

**WORK HISTORY (Please list for the PAST 5 YEARS and account for ANY GAPS in employment)**

Most Recent/Current Employer:

May we contact your present employer: Yes \_\_\_\_\_ No \_\_\_\_\_

Business Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Starting Position \_\_\_\_\_ Date Started \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

Position upon Leaving \_\_\_\_\_ Date Left \_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Business Name

Telephone #

Address/Location \_\_\_\_\_ 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

Telephone #

Address/Location \_\_\_\_\_ 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

Telephone #

Address/Location

Name and Title of Supervisor

\$ \_\_\_\_\_ Per \_\_\_\_\_

Starting Position

Date Started

\$ \_\_\_\_\_ Per \_\_\_\_\_

Position on Leaving

Date Left

Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Business Name

Telephone #

Address/Location

Name and Title of Supervisor

\$ \_\_\_\_\_ Per \_\_\_\_\_

Starting Position

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\$ \_\_\_\_\_ Per \_\_\_\_\_

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Starting Position

Date Started

\$ \_\_\_\_\_ Per \_\_\_\_\_

Position on Leaving

Date Left

Reason for Leaving: \_\_\_\_\_

Description of Duties: \_\_\_\_\_



## EDUCATION

Name & Location of School	Major	Diploma/Degree	Year	Did you graduate?
HIGH SCHOOL: _____				YES ___ NO ___
COLLEGE/UNIVERSITY: _____				YES ___ NO ___
COLLEGE/UNIVERSITY: _____				YES ___ NO ___
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: \_\_\_\_\_

Please add any additional information that you would like considered: (Skills, qualifications, certifications, etc.) \_\_\_\_\_

**You must sign this application in order to be considered for any position you apply for. Before signing please READ AND INITIAL 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 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: \_\_\_\_\_