

Dakota Magic Casino



Dakota Nation Gaming Enterprise

Dakota Connection Casino



Dakota Sioux Casino



Application for Employment\*

Please read this application and answer all questions thoroughly. Print all information in ink.

Last Name, First Name, M.I.		Date
Street Address		Social Security Number
City of Town	State	Zip Code
Telephone Number & Area Code	Alternate Phone Number	Are you age 18 or older <input type="checkbox"/> Yes <input type="checkbox"/> No
		Are you age 21 or older <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a United States Citizen?  Yes  No

If not, are you legally eligible for employment in the United States?  Yes  No  
 (Proof of U.S. Citizenship or immigration status will be required upon employment)

You will be required to apply for a Gaming License. Have you ever been convicted of a felony? Yes  No   
 If yes, please list the conviction and date: \_\_\_\_\_

Do you have any current legal proceedings against you? Yes  No  Do you owe any monies to DNGE? Yes  No

Position Information

Position(s) applying for: (List 3)

Are you available to work:  Full Time  Part Time; hours available to work? From \_\_\_\_\_ to \_\_\_\_\_

Check all shifts you are available to work:  Days  Evenings  Graveyard  Weekends

Were you previously employed by DNGE? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List relatives employed by DNGE? \_\_\_\_\_

Name	Relationship	Location
_____	_____	_____
_____	_____	_____

EDUCATION & EXPERIENCE

Type of School	Name & Location of Last Full Time School	Course of Study	Last Year Completed	Did you Graduate?	Degree
High School/ GED (provide documents)					
College					
Technical/ Vocational					
Other Specialized Training					

\* This form has been designed to comply with Tribal, State and Federal fair employment practice laws prohibiting employment discrimination.

## EMPLOYMENT HISTORY

Answer every question starting with present or most recent employer; list all previous employment for the past 5 years. List only employers located in the United States. Include self-employment, summer and part time jobs.

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Describe your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Describe your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Describe your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Employment History continued:

Please explain any unemployment period longer than 60 days: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have ever been involuntarily discharged from an employer within the last 5 years, give the reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## REFERENCES

Please give one personal reference (not a member or your family) that we may contact and that you have known for at least 5 years:

NAME:	ADDRESS:	PHONE # (include area code)

**EMERGENCY NOTIFICATION**

Please list one person that we may contact in case of emergency:

NAME:	RELATIONSHIP:	ADDRESS:	PHONE # (include area code)

VOLUNTARY: Are you claiming Indian Preference?  Yes  No Which Tribe? \_\_\_\_\_  
 If claiming SWO please indicate: District \_\_\_\_\_ Enrollment # \_\_\_\_\_  
 Are you a Veteran?  Yes  No

**VOLUNTARY PHYSICAL INFORMATION**

A significant number of our jobs require certain physical capabilities. You will be provided a job description of any job that you are being considered for, but in an effort to match the right person with the right job we are asking you to voluntarily complete this section.

Do you have any physical or mental limitations that preclude you from performing any work for which you are being considered, or that you pose a risk to other employees?  Yes  No

Are you willing and able to lift up to 40 lbs.?  Yes  No

If requested, are you willing to submit to a physical examination at DNGE's Expense?  Yes  No

APPLICANT: Please read the following statement carefully before you sign below.

**CERTIFICATION AND AUTHORITY TO RELEASE INFORMATION**

I understand that it is the policy of DNGE to extend preferential consideration to qualified Native Americans in hiring, transfers, and promotions (pursuant to the Indian Preference Act, Title 25, U.S.C. Section 472 and 473, and the Sisseton-Wahpeton Tribal Code Chapter 59-03-02). With the exception of the above, DNGE offers to all applicants for employment, an equal opportunity for available positions, regardless of age, race, sex, creed, religion, physical, or mental handicap.

I understand that if I am employed, any misrepresentation or omission of material fact on this application is sufficient cause for dismissal. DNGE, in considering my application for employment, may verify the information set forth on this application and obtain additional information concerning my background. I certify that the information that is provided on this application, the requested supporting documents, and the statements made in the interview are true and complete to the best of my knowledge. I understand that any false or misleading information, including omission of facts, given on this application, in the supporting documentation, or during the interview is grounds for disqualification from further consideration, or if employed, for immediate discharge without notice. As an applicant of DNGE, I can expect to be interviewed by a fair and impartial interview committee. If any part of my application is not completely filled out, it will be considered incomplete and will not be considered.

I further agree to submit to alcohol/drug screening tests, where and whenever legal, if requested of me at any time prior to, or during my employment. I understand that if an offer of employment is extended, employment is contingent upon the final outcome of a drug test. A positive test is grounds for immediate discharge.

If employed, I agree to abide by DNGE's policies and procedures and those rules and regulations set forth by the Sisseton Wahpeton Oyate Tribal Council.

I have read, and I understand the above.

Signature \_\_\_\_\_