Dakota Nation Gaming Enterprise

Dakota Magic Casino | **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 ☒ Yes ☐ No Are you age 21 or older ☐ Yes ☐ 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

_____
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.

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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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Job Title: _____
Describe your responsibilities: _____
_____
Supervisor: _____
Reason for Leaving: _____

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: _____
_____

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_____