

WinnaVegas Casino

THE FRIENDLY CASINO

Dear Applicant:

Thank you for your interest in WinnaVegas. While filling out your application, please provide us with complete information in all areas and follow the directions closely. **Leaving areas blank or failing to sign the application may be cause to disqualify your application.** If a section does not apply to you, please mark that section as “not applicable” or N/A. Please indicate the specific position desired. If you are applying for more than one position, we recommend that you fill out the application and leave specific position desired blank and we can make extra copies for you and you then may complete the position desired.

Please be aware that we keep applications on file for six (6) months. After the six months has expired, your application will no longer be considered. It is your responsibility to reapply after the six months has expired.

It is imperative that you leave a telephone number where we can reach you or leave a message. Also, list telephone numbers in the employment history section as we do verify employment history. We will make every attempt to contact you if your application is under consideration for a position within our organization, but we do request your cooperation in leaving a telephone number.

Winnavegas is owned and operated by the Winnebago Tribe of Nebraska; therefore, as provided by federal law, we do reserve the right to preferential hire practices as it pertains to Native American applicants when considering applications.

Once again, thank you for applying to Winnavegas

Sincerely,

Human Resources Department

APPLICATION FOR EMPLOYMENT

WINNAVEGAS CASINO
1500 330th Street
SLOAN, IOWA 51055

DATE OF APPLICATION: _____

Please Read. This questionnaire has been prepared in compliance with the Privacy Act of 1974. Solicitation of the information on this form is authorized by 25 United States code, Section 2701 et seq. The purpose is to determine the eligibility of individuals to be employed by a gaming facility. Members of the National Indian Gaming commission and staff may review this information. Some portions may be disclosed to appropriate federal, tribal, state, local or foreign law enforcement and regulatory agencies when relevant to a civil, criminal or regulatory investigation or prosecution. Various data may be required by management, the Tribal Gaming commission or the National Indian Gaming commission in connection with the hiring and firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while the applicant was associated with a tribe or gaming operation. Failure to answer any questions on this form may result in the tribe being unable to hire you as a casino employee. A false statement, or any omission of material fact on any part of this application, may be grounds for not hiring you, or for discharging you after you commence employment. Furthermore, you may be subject to fines and/or imprisonment. (Title 18, United States code, Section 1001). The disclosure of your Social Security Number (SSN) is voluntary. However, your failure to supply a SSN may result in errors in processing your application.

Please fill out completely. Type or Print in ink.

(Last Name)	(First Name)	(Middle Initial)	(Social Security #) (optional-but encouraged)
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(Street Address)	(City)	(State and Zip)	(Telephone Number)
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(Specific Position Desired)

Are you able to perform the essential functions of the position for which you have applied, with or without reasonable accommodations? (Yes) (No)

If no, please explain: _____

This application may be considered for one position only. If you wish to apply for more than one position, you will need to complete additional applications. A photocopy is acceptable.

How did you learn about this position? (Please circle)

Casino...Bulletin Boards...Advertisement...Friend/Relative...Walk-in...Other _____

Are you a U.S. citizen or national, permanent resident alien, or an alien authorized to work by I.N.S. in the United States? (Yes) (No)

Have you ever served in the U.S. Armed Forces? (Yes) (No)
(You will be required to show proof.)

Are you Native American? (Yes)
(No)

Tribal Affiliation: _____
(You will be required to show proof of enrollment in a Federally recognized Tribe.)

Are you a member of the Winnebago Tribe of Nebraska? (Yes) (No)
(You will be required to show proof of enrollment.)

Are you at least 18 years of age? (Yes) (No)

Have you ever been convicted of any crimes? (Yes) (No)
(Conviction will not necessarily disqualify an applicant from employment and will only be considered in relation to specific job requirements).

If yes, please explain: _____

Have you ever completed an application with us before? (Yes) (No)
If yes, give date: _____

Have you ever been employed by Winnavegas Casino? (Yes) (No)
If yes, give termination date: _____

Do you have any relatives that are employed by Winnavegas Casino? (Yes) (No)
If yes please list: _____

CIVIC. Please list membership in professional or civic organization you are involved in:

EDUCATION: (You may be required to show proof of High School Diploma or G.E.D.)

<u>Type of Institution</u>	<u>Name & Address of Institution</u>	<u>Course of Study</u>	<u># of Years Completed</u>	<u>Did you Graduate?</u>	<u>Diploma or Degree Received</u>
High School	_____	_____	_____	_____	_____
Business or Tech. School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Graduate School	_____	_____	_____	_____	_____

OFFICE SKILLS. Please circle and answer (if applicable).

Typing (Y) (N) Number of WPM ____... Calculator (Y) (N)... 10-Key by Touch (Y) (N)... PC Experience (Y) (N).
Please list software programs you are familiar with:

SPECIAL SKILLS. List any special skills you have that may be relevant to the position you are applying for.

REFERENCES. Please list three references (with their phone numbers) that we may contact. Please do not include relatives.

1. _____
(Name of Reference) (Telephone Number)
2. _____
(Name of Reference) (Telephone Number)
3. _____
(Name of Reference) (Telephone Number)

What type of employment you are interested in? (Please circle).

No Preference Full Time Days Part Time Days
Temporary Full Time Nights Part Time Nights

Are you willing to work overtime, if asked?

(Yes) (No)

EMPLOYMENT. Please give accurate, complete information about any full-time or part-time employment, starting with your current or most recent job first – be sure to list all telephone numbers.

Company Name: _____ Telephone # _____

Address: _____

Supervisor's Name and Title: _____

Dates of Employment: From: _____ To: _____ Rate of Pay: _____

State Position and Describe Your Duties:

Reason for Leaving: _____

Company Name: _____ Telephone # _____

Address: _____

Supervisor's Name and Title: _____

Dates of Employment: From: _____ To: _____ Rate of Pay: _____

State Position and Describe Your Duties:

Reason for Leaving: _____

Company Name: _____ Telephone # _____

Address: _____

Supervisor's Name and Title: _____

Dates of Employment: From: _____ To: _____ Rate of Pay: _____

State Position and Describe Your Duties:

Reason for Leaving: _____

Company Name: _____ Telephone # _____

Address: _____

Supervisor's Name and Title: _____

Dates of Employment: From: _____ To: _____ Rate of Pay: _____

State Position and Describe Your Duties:

Reason for Leaving: _____

APPLICANT AGREEMENT:

It is understood that if I am employed by WinnaVegas, I agree to the following conditions:

1. I understand that my employment is not guaranteed for any term and that either WinnaVegas or myself can terminate my employment at any time.
2. I understand that if employed, I will be subject to a 90-day probationary period, which can, at the employer's discretion, be extended.
3. I understand that WinnaVegas maintains a Drug and Alcohol Free Workplace environment and that I will be required to sign a statement indicating that I will abide by these terms as a condition of my employment.
4. I give my consent for WinnaVegas to verify my employment, educational, and character background and contact any personal references I have listed.
5. I certify that all the answers contained herein are true. I further understand that omission of facts or misrepresentation of any facts requested is cause for dismissal.

I have read, understand, and agree to the above.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Date Received	_____	_____
Response Letter	_____	_____
Not Considered	_____	_____
Interview Date	_____	_____
Offered	_____	_____
Start Date	_____	_____
Employment Check	_____	_____
Termination Date	_____	_____
Transfer Date	_____	_____
If transfer, list department transferring to:	_____	