



ST. CROIX CHIPPEWA ENTERPRISES APPLICATION FOR EMPLOYMENT

State gaming regulations require all employees to be 18 years of age or older to work in the casino.

Property Applying For: <input type="checkbox"/> Danbury <input type="checkbox"/> Fourwinds <input type="checkbox"/> Hertel <input type="checkbox"/> Tribal Center <input type="checkbox"/> Turtle Lake			
Position(s) Applied For		Shift Desired	Date of Application
1.	2.	3.	
Last Name		First Name	Middle Name
Address		City	State Zip Code
Telephone Number(s)			
St. Croix Chippewa Enterprises does extend preference in hiring to enrolled St. Croix Tribal Members & all other Tribal Members.			
Are you a Native American?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, enrolled with which tribe?		Tribal I.D. Number	

Have you ever been employed with any St. Croix Chippewa Enterprise before? Yes No

If Yes, give term date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work: Full-Time Part-Time Shift Work Temporary

Are you currently on "Layoff" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been arrested for a felony? Yes No

Have you ever been convicted of a felony? Yes No

If you answered yes to either of the two previous questions please explain (where, when, disposition):

Have you ever been arrested for a drug or theft related misdemeanor? Yes No

Have you ever been convicted of a drug or theft related misdemeanor? Yes No

If you answered yes to either of the two previous questions please explain (where, when, disposition):

IF YOU ARE OFFERED A POSITION YOU WILL BE REQUIRED TO DO THE FOLLOWING BEFORE YOU CAN BE HIRED:

1. Provide a current photo ID, Social Security card and Birth Certificate or documentation that you are legally authorized to work in the United States.
2. Take a pre-employment drug screening test.

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Post High School Education				
Post High School Education				

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

Check Skills/Equipment Operated

- PC WordPerfect Excel Microsoft Word PBX System Fax
 Calculator Aerial Lift Skidsteer ATV/Golf Cart Lawn Mower

Production/Mobile Machinery (List): _____

Other (List): _____

State any additional information you feel may be helpful to us in considering your application: _____

REFERENCES

1. _____ () _____
(Name) (Phone)

(Address)
2. _____ () _____
(Name) (Phone)

(Address)
3. _____ () _____
(Name) (Phone)

(Address)

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

A description of the activities involved in such a job or occupation is attached.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Reason for Leaving			

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Native American preference given in accordance with P.L. 93-638 and Amendments.

Signature of Applicant

Date

FOR OFFICE USE ONLY:

Math: _____ Essay: _____

Routing Information:

Dept: _____ Date Sent: _____ Date Returned: _____

Dept: _____ Date Sent: _____ Date Returned: _____

Dept: _____ Date Sent: _____ Date Returned: _____

Dept: _____ Date Sent: _____ Date Returned: _____

References Checked: _____

Date Interviewed: _____

Interviewed By: _____

Referral Source: _____