

APACHE GOLD CASINO RESORT

P.O. Box 1210
 San Carlos, Arizona 85550
 P: 1 (800) APACHE-8



APACHE SKY CASINO
 777 Apache Sky Boulevard
 Dudleyville, Arizona 85292
 P: (928) 475-0077

APPLICATION FOR EMPLOYMENT

I. APPLICANT

LAST NAME		FIRST	MIDDLE	DATE OF BIRTH:
MAILING ADDRESS:			RESIDENTIAL ADDRESS (If different than mailing address):	
CITY:	STATE:	ZIP:	CITY:	STATE: ZIP:
CONTACT NO.:	SOCIAL SECURITY NUMBER:	DRIVERS LICENSE NO.:	STATE:	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU CLAIMING TRIBAL PREFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list tribal name: Enrollment No.:			HAVE YOU EVER BEEN KNOWN BY OR USED ANY OTHER NAME (MADIEN, ALIAS, ETC)? IF SO, LIST NAMES:	
DO YOU HAVE ANY HOUSEHOLD MEMBER(S) CURRENTLY WORKING FOR THIS COMPANY? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please provide name and department:			EMAIL ADDRESS:	
PREFERRED METHOD OF CONTACT: <input type="checkbox"/> Contact Number <input type="checkbox"/> Mailing Address <input type="checkbox"/> Email				

II. POSITION INFORMATION

POSITION APPLYING FOR [May list up to three (3) positions]:		HOURLY RATE/SALARY DESIRED:	TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
LOCATION PREFERENCE: <input type="checkbox"/> Apache Gold Casino Resort <input type="checkbox"/> Apache Sky Casino <input type="checkbox"/> No Preference	HOURS YOU ARE AVAILABLE TO WORK: DAYS OF THE WEEK YOU ARE AVAILABLE TO WORK:	IF REQUIRED, ARE YOU ABLE TO WORK: WEEKENDS: <input type="checkbox"/> Yes <input type="checkbox"/> No HOLIDAYS: <input type="checkbox"/> Yes <input type="checkbox"/> No NIGHTS: <input type="checkbox"/> Yes <input type="checkbox"/> No OVERTIME: <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOW DID YOU LEARN ABOUT THIS OPENING: <input type="checkbox"/> Newspaper <input type="checkbox"/> Social Media Site <input type="checkbox"/> HR Office <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____			

III. EDUCATIONAL

HIGH SCHOOL / GED:	GRADUATED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE GRADUATED:	COURSE OF STUDY:
TECHNICAL SCHOOL:	GRADUATED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE GRADUATED:	COURSE OF STUDY:
COLLEGE/UNIVERSITY:	GRADUATED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE GRADUATED:	COURSE OF STUDY:
OTHER SPECIAL SKILLS, EDUCATION, OR TRAINING:			

IV. MILITARY

BRANCH OF SERVICE	DATES OF SERVICE:	EDUCATION/TRAINING:
-------------------	-------------------	---------------------

V. BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF, OR CURRENTLY BEING PROSECUTED FOR A FELONY: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details (Charge, Date, City, State, and Deposition)
HAVE YOU EVER BEEN ARRESTED, DETAINED, CHARGED, INDICTED, OR SUMMONED TO ANSWER FOR ANY CRIMINAL OFFENSE OR VIOLATION FOR ANY REASON WHATSOEVER, REGARDLESS OF THE DISPOSITION OF THE EVENT (EXCEPT for minor traffic violations)? <input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, please provide details (Charge, Date, City, State, and Deposition)

*A "YES" ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT. THE NATURE, DATE OF OFFENSE, AND THE POSITION YOU ARE APPLYING FOR WILL BE TAKEN INTO CONSIDERATION FOR JOB REALTED PURPOSES ONLY, AND ONLY TO THE EXTENT PERMITTED BY APPLICABLE LAW.

VI. WORK EXPERIENCE (List all previous employment, beginning with most recent. You may attach a sheet of paper, if needed.)

EMPLOYER:		POSITION HELD:	
ADDRESS:		SUPERVISOR'S NAME, TITLE, AND CONTACT NUMBER:	
DATES OF EMPLOYMENT: From: To:	PAY RATE: Start: Final:	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING:
DESCRIPTION OF DUTIES:			
EMPLOYER:		POSITION HELD:	
ADDRESS:		SUPERVISOR'S NAME, TITLE, AND CONTACT NUMBER:	
DATES OF EMPLOYMENT: From: To:	PAY RATE: Start: Final:	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING:
DESCRIPTION OF DUTIES:			
EMPLOYER:		POSITION HELD:	
ADDRESS:		SUPERVISOR'S NAME, TITLE, AND CONTACT NUMBER:	
DATES OF EMPLOYMENT: From: To:	PAY RATE: Start: Final:	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	REASON FOR LEAVING:
DESCRIPTION OF DUTIES:			

VII. REFERENCES (List work references not related to you)

NAME	ADDRESS	CONTACT NUMBER	YEARS KNOWN

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.

I authorize an investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice.

Signature of Applicant

Date