



P.O. Box 100 Devol, OK 73531
 (580) 299-3333 Main
 (580) 299-3490 Fax
 Email: www.kiowacasino.com

EMPLOYMENT APPLICATION

(Please Print Clearly)

PERSONAL

Date: ___/___/___

Name: _____
Last First MI Jr.,II, Etc.

Can you provide proof that you are over the age of 21? Yes No

U.S. Citizen? Yes No

Email Address: _____

Phone No: (____) _____ - _____

Alternate No: (____) _____ - _____

Current address: _____
Apt.# Street Address City State Zip Code

Job(s) applied for: 1. _____ Rate of pay expected \$ _____ per _____
 2. _____ Rate of pay expected \$ _____ per _____

How did you hear of this opening? _____

Do you want to work: Full time Part Time Specify days and hours if P.T.: _____

Have you worked for us before? Yes No If yes, when? _____

List any friends or relatives working for us: _____

If hired, on what date would you be available to start work? _____

Please list any experience, skills, or qualifications that would apply to current position applied for with the Kiowa Casino: _____

If hired, do you have reliable means of transportation? Yes No

Will you relocate if the job requires it? Yes No If No, please explain: _____

Will you travel if the job requires it? Yes No If No, please explain: _____

Will you work overtime if the job requires it? Yes No If No, please explain: _____

Have you ever had a criminal warrant issued or been arrested and subsequently been charged with a crime? If so, what was the out come? If you were a convicted of a felony or misdemeanor, what was the sentence? _____

RECORD OF EMPLOYMENT

List below all present and past employment, beginning with your most recent and working back at least the past 5 years. You should list all full-time work, part-time work, self-employment, and any other paid work.

Name and address of company and type of business (including phone number)			
From (mo/yr)	To (mo/yr)	Weekly Starting Salary	Weekly Ending Salary
Job Title Held while Employed:			
Name of Supervisor:			
Describe Job Responsibilities:			
Reason for Leaving:			

Name and address of company and type of business (including phone number)			
From (mo/yr)	To (mo/yr)	Weekly Starting Salary	Weekly Ending Salary
Job Title Held while Employed:			
Name of Supervisor:			
Describe Job Responsibilities:			
Reason for Leaving:			

Name and address of company and type of business (including phone number)			
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Name of Supervisor:			
Describe Job Responsibilities:			
Reason for Leaving:			

May we contact employers above? Yes No If NO, indicate which one(s) not to contact:

Employer References (That we may contact)

Name and Occupation	Address	Phone Number

Record of Education (Must be filled out)

School	Name and Address of School	Course of Study	From (Mo. – Yr.)	To (Mo. – Yr.)	Did you Graduate?	List Diploma or Degree
High School	_____					

College	_____					

Other (Specify)	_____					

Military Service Record

Were you in the U.S. Armed Forces? Yes No If Yes, what branch? _____

Dates of duty: ___/___/___ to ___/___/___ Rank at discharge: _____ Honorable: Yes No

Active duty: Yes No Reserves: Yes No

List duties including special training and skills: _____

PERSONAL REFERENCES (Not former employers or relatives)

Name and Occupation	Relationship	Years Known	Address	Phone No.

INDIAN PREFERENCE (WHEN APPLICABLE)

Tribal Affiliation: _____ Blood Quantum: _____
(Attach a copy of Certificate of Degree of Indian Blood when available)

Tribal Enrollment No.: _____ (Will be required to provide official tribal enrollment card or Tribal photo I.D.)

PLEASE READ CAREFULLY
APPLICANTS' CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. All employment opportunities are contingent upon applicant's successful completion of investigational background and reference check. As well as successful completion of a drug screen with negative results.

Applicant Signature

Date: ____/____/____

HR Specialist Signature

Date: ____/____/____

EEO INFORMATION (OPTIONAL)

Information given is optional and will not warrant an approval or dismissal for employment based on information given. All information is Confidential and used for HR Purposes only.

Kiowa Casino, as per Federal Indian Preference Agreement and Kiowa Casino's Tribal Preference policy, we will give preference to enrolled members of the Kiowa Tribe and then to enrolled members of other federally recognized Indian Tribes with regard to hiring, promotion and training programs when the candidate is equally or more qualified than non-native individuals.

Social Security No: ____-____-____ **Birth Date:** ____/____/____ **Gender:** _____

Race: Asian American Indian African American Caucasian Hispanic/Latino Other

Marital Status: Single Married Divorced Widowed

Disabled: Yes No **Veteran Status:** Yes No

DO NOT WRITE BELOW THIS LINE

Date: ____/____/____

Interview Results: _____

Interviewed: Yes No New: ____ Transfer: ____

Name: _____

Position: _____ F/T: P/T Department: _____

Drug Screen: ____/____/____

Applicant Signature

Date: _____

Director Signature

Date: _____

HR Director Signature

Date: _____