



# APPLICATION FOR EMPLOYMENT

For Human Resources Use Only

License Class:

A \_\_\_ B \_\_\_ C \_\_\_ All \_\_\_

**Meskwaki • Bingo • Casino • Hotel is an equal opportunity employer subject to our Tribal Preference Policy. All applicants are considered on the basis of their ability to perform the job without regard to individual race, religion, color, sex, age, national origin, physicalm aural or visual disability, marital or veteran status, sexual orientation, sexual preference, or any other condition covered by law.**

Are you a citizen or an alien authorized to work in the United States?  Yes  No

Are you eighteen (18) or older?  Yes  No

Are you an enrolled Meskwaki tribal member living on or near the Settlement?  Yes  No

Are you a descendant of an enrolled tribal member?  Yes  No

Are you an enrolled member of a federally recognized tribe?  Yes  No

List Tribal affiliation: \_\_\_\_\_

## PERSONAL INFORMATION

## DATE OF APPLICATION:

Month

Day

Year

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Other names used by you for education or employment purposes: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Secondary Contact Number: \_\_\_\_\_

## PREVIOUS ADDRESSES DURING THE LAST FIVE YEARS

STREET ADDRESS	CITY	STATE	ZIP	FROM	TO

STREET ADDRESS	CITY	STATE	ZIP	FROM	TO

## POSITION(S) APPLYING FOR:

## DEPARTMENT / LOCATION:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:** The information contained in this employment application is the property of Meskwaki • Bingo • Casino • Hotel. This application is retained for six months.

## EDUCATION AND TRAINING

( ) YES ( ) NO

High School / GED

Complete Address

Graduate?

( ) YES ( ) NO

College or University

Complete Address

MAJOR

Degree?

( ) YES ( ) NO

College or University

Complete Address

MAJOR

Degree?

( ) YES ( ) NO

Trade School

Complete Address

MAJOR

Completed?

LIST any other EDUCATION, TRAINING, SPECIAL SKILLS or CERTIFICATES / LICENSES that you possess related to the job: \_\_\_\_\_

LIST ANY MACHINES OR EQUIPMENT THAT YOU ARE QUALIFIED AND EXPERIENCED AT OPERATING: \_\_\_\_\_

## OTHER EMPLOYMENT RELATED INFORMATION

**Hours Desired:** Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ **Will work:** Days \_\_\_\_\_ Swing \_\_\_\_\_ Grave \_\_\_\_\_ Any \_\_\_\_\_

Are you 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you 21 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

**List any relative** employed for the casino **Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

Have you been employed by Meskwaki Bingo • Casino • Hotel? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, when?** \_\_\_\_\_

Do you have any physical limitations to perform the job applied for? Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, Explain** the type of accommodation required. \_\_\_\_\_

Have you had a denied or revoked gaming license or casino work card? Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, please list** which gaming commission and when. \_\_\_\_\_

What languages do you speak fluently? English \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

Can you provide written proof that you can legally work in this country? Yes \_\_\_\_\_ No \_\_\_\_\_

## GENERAL

Have you ever been *Arrested*? Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, Please Explain:** \_\_\_\_\_

Have you ever been *Convicted of a Crime*? Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, State nature of Offense, When, Where and Disposition:** \_\_\_\_\_

**Driver's License No.:** \_\_\_\_\_ **State:** \_\_\_\_\_

Have you ever filed an application for a *Gaming License*? Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, which State:** \_\_\_\_\_

For any tribe? Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, Which Tribe & What State?** \_\_\_\_\_

## EXPERIENCE

**A. NAME OF EMPLOYER:** \_\_\_\_\_ **TYPE OF BUSINESS:** \_\_\_\_\_  
\_\_\_\_\_  
*ADDRESS* *CITY* *STATE* *ZIP* ( ) *PHONE*

**DATES EMPLOYED** STARTING TITLE: \_\_\_\_\_ LAST TITLE: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ **NAME AND TITLE OF SUPERVISOR:** \_\_\_\_\_

MAY WE CONTACT WAS EMPLOYMENT REASON/LEAVING: \_\_\_\_\_  
( ) YES ( ) NO ( ) Full-Time ( ) Part-Time

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_

**B. NAME OF EMPLOYER:** \_\_\_\_\_ **TYPE OF BUSINESS:** \_\_\_\_\_  
\_\_\_\_\_  
*ADDRESS* *CITY* *STATE* *ZIP* ( ) *PHONE*

**DATES EMPLOYED** STARTING TITLE: \_\_\_\_\_ LAST TITLE: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ **NAME AND TITLE OF SUPERVISOR:** \_\_\_\_\_

MAY WE CONTACT WAS EMPLOYMENT REASON/LEAVING: \_\_\_\_\_  
( ) YES ( ) NO ( ) Full-Time ( ) Part-Time

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_

**C. NAME OF EMPLOYER:** \_\_\_\_\_ **TYPE OF BUSINESS:** \_\_\_\_\_  
\_\_\_\_\_  
*ADDRESS* *CITY* *STATE* *ZIP* ( ) *PHONE*

**DATES EMPLOYED** STARTING TITLE: \_\_\_\_\_ LAST TITLE: \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_ **NAME AND TITLE OF SUPERVISOR:** \_\_\_\_\_

MAY WE CONTACT WAS EMPLOYMENT REASON/LEAVING: \_\_\_\_\_  
( ) YES ( ) NO ( ) Full-Time ( ) Part-Time

BRIEF DESCRIPTION OF DUTIES: \_\_\_\_\_

## REFERENCES

List business persons known but not related to you for at least three (3) years:

Name	Title	Business	Phone	Years known
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

## APPLICANT'S CERTIFICATION

Please **READ CAREFULLY** and **SIGN** this certification statement below. If you have any questions regarding the following statements, please ask for assistance.

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or other materials or during my interviews, can be justification of refusal of employment, or, if employed, termination from MESKWAKI BINGO • CASINO • HOTEL.
2. In processing my application for employment, MESKWAKI BINGO • CASINO • HOTEL may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request to MESKWAKI BINGO • CASINO • HOTEL, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
3. I authorize and request that all of my present and former employers and those individuals I have listed as references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
4. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol and drug screening at any time at the discretion of MESKWAKI BINGO • CASINO • HOTEL. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to MESKWAKI BINGO • CASINO • HOTEL.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the Casino and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either MESKWAKI BINGO • CASINO • HOTEL or myself.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

GC003



BINGO • CASINO • HOTEL



Sac & Fox Gaming Commission  
**SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA**  
 1504 305<sup>TH</sup> Street, Tama Iowa 52339  
 (641) 484-1450 ♦ (800) 728-4263 ♦ Fax: (641) 484-1681  
 E-mail: [gamecomm@meskwaki.com](mailto:gamecomm@meskwaki.com)

## Applicant Information

**This application must be printed in blue or black ink.**

Full Name: \_\_\_\_\_  
LAST
MAIDEN
MIDDLE
FIRST

SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PLACE OF BIRTH: (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_

### Citizenship Data

(CHECK APPROPRIATE SPACE)

1. I am:
  - A native born citizen of the United States. ( )
  - A naturalized citizen of the United States. ( )
  - An alien on visa, work paper or passport. ( )
  - Other. ( )
  
2. If you are an alien:
  - List alien number \_\_\_\_\_ Document number is on: \_\_\_\_\_
  - Port of Place of Entry into the United States: \_\_\_\_\_ Date: \_\_/\_\_/\_\_
  - (You must provide a copy Alien Visa Card)*

### Criminal Charges

For the purpose of this question the word "arrest" includes any detaining, holding or taking into custody by any police or other law enforcement authority in order to answer for the alleged performance of any "offense" in this or any other state or foreign country: the word "charge" includes any indictment, complaint, information, summons or other notice of the alleged commission of any "offense" including all misdemeanors, disorderly persons offenses and juvenile violations.

Have you even been arrested or charged, even if not convicted, with a Felony, Misdemeanor, and/or Juvenile offense, in Iowa or anywhere else? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete the following:

Type of Charge or Arrest	Name and Address of Government Agency	Disposition: • <i>Convicted</i> • <i>Acquitted</i> • <i>Dismissed</i>	Date of Disposition	Sentence Received

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION  
(MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC)

I, \_\_\_\_\_ do hereby authorize and consent to a review, full disclosure and release of any and all records concerning myself to any duly authorized member, agent or employee of the **Sac & Fox Tribe of the Mississippi in Iowa Gaming Commission** (Hereinafter "Commission"), whether such records are of a public, private or confidential nature. This authorization is given with full understanding of the following:

1. The information reviewed, disclosed, or released may be used by the Commission to conduct a thorough background investigation of me or my business entity(ies) for the purpose of obtaining a gaming license or for any other lawful purpose. This document authorizes the release, disclosure or review of requested information whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege. Review and copying of all documents by the Commission is specifically authorized.
2. The Commission is also authorized to disclose any of the information contained in my employment or licensing application to any appropriate Federal, Tribe, State or foreign law enforcement or regulatory agencies in connection with a background investigation or whenever relevant to civil, criminal or regulatory investigation or prosecution of any kind including but not limited to investigation of activities associated with gaming.
3. I release the providers and users of the information collected pursuant to this authorization from any and all liability under state or federal privacy law and further release the Sac & Fox Tribe of the Mississippi in Iowa, its Gaming Commission or other officers, agents and employees from any liability whatsoever resulting from the collection and use of such information, or for the accuracy of any information collected. I agree to accept the risk of adverse public notice, embarrassment, criticism or financial loss that may result from the use of information obtained with my background investigation.
4. I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his or her agent) to whom this request is presented when such cause of action arises out of a response to a request of information pursuant to the Indian Gaming Regulatory Act of 1988 (25 U.S.C. 2701 et seq.). I further agree to indemnify and hold harmless any person to whom this request is lawfully presented, including all claims, damages, losses and expenses, including reasonable attorney fees.
5. I further understand that I may be requested to execute some other appropriate authorization for certain purposes from time to time and that any failure to do so may be taken into consideration by the Commission in its review of my license application or license.
6. I understand that I may revoke this authorization in writing at any time and if so, the Commission may take such revocation into consideration in completing my background investigation, issuing a gaming license or in any future licensing review.
7. This authorization will automatically expire three years from the date signed, unless previously revoked.
8. A photocopy of this authorization shall have the same force and effect as the original.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at  
(City) \_\_\_\_\_, (State) \_\_\_\_\_.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_  
My Commission Expires \_\_\_\_\_