



# APPLICATION FOR EMPLOYMENT

For Human Resources Use Only

License Class:

Gaming \_\_\_\_\_ Non-Gaming \_\_\_\_\_

**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, age, ethnicity, national origin, sexual orientation, gender identity, sex, marital status, disability, or status as a U.S. veteran.

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 Name \_\_\_\_\_

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. \_\_\_\_\_

## EDUCATION AND TRAINING

<i>High School / GED</i>	<i>Complete Address</i>		<i>Graduate?</i>	( ) YES ( ) NO
<i>College or University</i>	<i>Complete Address</i>	<i>MAJOR</i>	<i>Degree?</i>	( ) YES ( ) NO
<i>College or University</i>	<i>Complete Address</i>	<i>MAJOR</i>	<i>Degree?</i>	( ) YES ( ) NO
<i>Trade School</i>	<i>Complete Address</i>	<i>MAJOR</i>	<i>Completed?</i>	( ) YES ( ) NO

**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 for 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 any 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 give 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: \_\_\_\_\_





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)

### Preliminary Licensing Applicant Information

FULL NAME: \_\_\_\_\_  
  LAST  MAIDEN  MIDDLE  FIRST

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

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

EMAIL ADDRESS: \_\_\_\_\_

#### Citizenship Data

(CHECK APPROPRIATE SPACE)

1. I am:
- A citizen born in 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 **EVER** been arrested or charged, **even if not convicted**, of a Misdemeanor, Felony, 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 (Convicted, Acquitted, Dismissed)	Date of Disposition	Sentence Received