



# CLIFF CASTLE CASINO

## APPLICATION FOR EMPLOYMENT

**PLEASE PRINT - ANSWER ALL QUESTIONS ON EACH SIDE**

APPLICATIONS NOT FILLED OUT COMPLETELY WILL NOT BE CONSIDERED

### PERSONAL INFORMATION

Social Security # (REQUIRED)	Today's Date		
Last Name	First Name	MI	
Mailing Address	City	State	Zip
Phone Number	Alt: Phone Number		

### POSITION(S) APPLYING FOR:

First Choice:	Second Choice:
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### IF HIRED YOU WILL BE REQUIRED TO TAKE A DRUG TEST.

How were you referred to Cliff Castle Casino? \_\_\_\_\_

Have you ever applied here before? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you ever employed at Cliff castle Casino? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have the right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

(If hired, you will be required to show proof of eligibility)

Are you a member of the Yavapai-Apache Nation?	Yes _____	No _____
Are you a spouse or child of a member of the Yavapai-Apache Nation?	Yes _____	No _____
Are you a member of any other tribe? If so, please specify: _____		

### EMPLOYMENT HISTORY: May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Below list the names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any periods of unemployment. You must provide at least the month and year for all employment, military service and periods of unemployment.

1) Name of Employer: _____		Supervisor: _____	
Address: _____		City: _____ State/Zip: _____	
Phone: _____			
Job Title: _____		Duties: _____	
Dates of Employment: From: _____ To _____		Salary: Start:\$ _____ End:\$ _____	
Reason for Leaving: _____			
2) Name of Employer: _____		Supervisor: _____	
Address: _____		City: _____ State/Zip: _____	
Phone: _____			
Job Title: _____		Duties: _____	
Dates of Employment: From: _____ To _____		Salary: Start:\$ _____ End:\$ _____	
Reason for leaving: _____			
3) Name of Employer: _____		Supervisor: _____	
Address: _____		City: _____ State/Zip: _____	
Phone: _____			
Job Title: _____		Duties: _____	
Dates of Employment: From: _____ To _____		Salary: Start:\$ _____ End:\$ _____	
Reason for Leaving: _____			

4) Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: Start \_\_\_\_\_ End \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**EDUCATION** - List names and addresses of schools

High School/GED: \_\_\_\_\_ # of yrs completed \_\_\_\_\_ Diploma \_\_\_\_\_ Degree \_\_\_\_\_ GED \_\_\_\_\_  
 Address: \_\_\_\_\_ Subject Studied: \_\_\_\_\_  
 College/University: \_\_\_\_\_ # of yrs completed \_\_\_\_\_ Diploma \_\_\_\_\_ Degree \_\_\_\_\_ GED \_\_\_\_\_  
 Address: \_\_\_\_\_ Subject Studied: \_\_\_\_\_

Have you ever been dismissed or asked to resign from any former employer? If YES, please provide details \_\_\_\_\_

What skills or additional training do you have that are related to the POSITION(S) you are applying for? \_\_\_\_\_

What machines or equipment can you operate that are related to the POSITION(S) for which you are applying? \_\_\_\_\_

**REFERENCES NON-RELATIVE** (Must have known for 2 years or longer) References may be contacted

Name:	Address:	Phone:	Relationship:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**NOTICE OF CRIMINAL RECORD - This section must be completed:**

Have you ever been convicted of a crime, other than minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please describe FULLY, including date, location, and disposition of the conviction, (convictions do not automatically disqualify candidates). The date of conviction and nature of the offense(s) will be considered. \_\_\_\_\_

**APPLICATION RELEASE - READ CAREFULLY BEFORE SIGNING**

I Hereby Certify that the answers and statements given by me in this application are true and correct. I understand that any misrepresentation or omission of facts in this application, during the course of an interview, may be justification for refusal of employment, or if employed, termination from employment. I authorize Cliff Castle Casino ("The Company") and its entities to investigate all that it believes is relevant to my employment application including, but not limited to, my employment history, educational background, credit history, and record of criminal convictions. I also authorize my former employers, educational institutes, and individuals who have been given as personal references to provide information that they have about me in response to an inquiry from "The Company" as a result of my application for employment.

I also acknowledge, that if hired, I will submit to a urine test to determine that I am drug free. I understand that my refusal to submit to such tests will result in withdrawal of any offer of employment, or if employed, termination of employment.

**The Yavapai-Apache Nation owns Cliff Castle Casino. As a result of this ownership, preferential hiring will go first to qualified enrolled Tribal Members and secondly to other qualified Native Americans enrolled in a federally recognized tribe.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Official use Only**

Tribal ID: Copied \_\_\_\_\_ Needs to bring ID: \_\_\_\_\_