



Dear Applicant:

Thank you for your interest in WinnaVegas! While filling out your application, please provide us with complete information in all areas and follow the directions closely. Leaving areas blank or failing to sign the application may be cause to disqualify your application. If a section does not apply to you, please mark that section as "not applicable" or "N/A". We ask that you indicate the specific position(s) for which you would like to be considered. You may list up to three positions on one application.

Please be aware that your application will remain active for a period of 90 days. After the 90 days has expired, your application will no longer be considered and all information discarded. If, at the end of those 90 days, you would like to still be considered for employment, it is your responsibility to reapply.

We will make every attempt to contact you (via phone) if your application is under consideration. It is imperative that you leave a phone number where you can be reached or we can leave a message. We also request your cooperation in listing all phone numbers in the employment history section as we do verify employment history.

WinnaVegas Casino Resort is owned and operated by the Winnebago Tribe of Nebraska: therefore, as provided by federal law, we do reserve the right to preferential hire practices as it pertains to Native American applicants when considering applications.

Once again, thank you for applying to WinnaVegas!

Sincerely,

**Human Resources Department
WinnaVegas Casino Resort
1500 330th Street
Sloan, IA 51055**

Phone: (800) 468 – 9466

Fax: (712) 428 – 9422

Website: winnavegas.com

ENTERED:	
HR INTLS:	

APPLICATION FOR EMPLOYMENT

WINNAVEGAS CASINO RESORT | 1500 330th STREET | SLOAN, IOWA 51055

DATE OF APPLICATION: _____

DEAR APPLICANT: This questionnaire has been prepared in compliance with the Privacy Act of 1974. Solicitation of the information on this form is authorized by 25 United States code, Section 2701 et seq. The purpose is to determine the eligibility of individuals to be employed by a gaming facility. Members of the National Indian Gaming Commission and staff may review this information. Some portions may be disclosed to appropriate federal, tribal, state, local, or foreign law enforcement and regulatory agencies when relevant to a civil, criminal or regulatory investigation or prosecution. Various data may be required by management, the Tribal Gaming Commission or the National Indian Gaming Commission in connection with the hiring and firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while the applicant was associated with a tribe or gaming operation. Failure to answer any questions on this form may result in the tribe being unable to hire you as a casino employee. A false statement or omission of material fact on any part of this application may be grounds for not hiring you or for discharging you after you commence employment. Furthermore, you may be subject to fines and/or imprisonment. (Title 18, United States code, Section 1001). The disclosure of your Social Security Number (SSN) is voluntary. However, your failure to supply a SSN may result in errors in processing your application.

PERSONAL INFORMATION

Please fill-in each line completely – Type or print – Use ink

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY #
ADDRESS	CITY, STATE	ZIP CODE	PHONE #

POSITION(S) APPLIED FOR:

1) _____ 2) _____ 3) _____
 ***** LIST UP TO THREE POSITIONS FOR WHICH YOU WOULD LIKE TO BE CONSIDERED *****

Are you able to perform the essential functions of the position for which you have applied, with or without reasonable accommodations? (YES) (NO)
 If no, please explain: _____

How did you learn about this position?
 CASINO / ADVERTISEMENT / BULLETIN BOARD / FRIEND / RELATIVE / WALK-IN / OTHER: _____

Are you a U.S. citizen or national, permanent resident alien authorized to work by I.N.S in the U.S.? (YES) (NO)

Have you ever served in the United States Armed Forces? (YES) (NO)
 (If yes, you will be required to show proof)

Are you at least 18 years of age? (YES) (NO)

Are you Native American? (YES) (NO)
 Are you a member of the Winnebago Tribe of Nebraska? (YES) (NO)

If not Winnebago, list your Tribal Affiliation: _____
 (You will be required to show proof of enrollment in a federally recognized tribe)

Have you ever completed an application with us before? (YES) (NO)
 If yes, give date: _____

Have you ever been employed by WinnaVegas Casino Resort? (YES) (NO)
 If yes, please provide dates of employment? From: _____ to _____

CRIMINAL HISTORY

Have you ever been convicted of any crimes? (YES) (NO)

If yes, please explain. We ask that you include nature of conviction along with month and year:

A conviction will not necessarily disqualify an applicant from employment and will only be considered in relation to specific job requirements

EDUCATION (Please be prepared to show proof of education)

High School: _____ Course of study: _____
Did you graduate? (YES) (NO)
Address: _____ Diploma/Degree received: _____

Trade School: _____ Course of study: _____
(Or G.E.D.) Did you graduate? (YES) (NO)
Address: _____ Diploma/Degree received: _____

College: _____ Course of study: _____
Did you graduate? (YES) (NO)
Address: _____ Diploma/Degree received: _____

College: _____ Course of study: _____
(Graduate school or beyond) Did you graduate? (YES) (NO)
Address: _____ Diploma/Degree received: _____

CIVIC

List membership in any professional or civic organization in which you are involved:

OFFICE SKILLS (Circle all that apply)

Typing.....(YES) (NO)
Copier.....(YES) (NO)
Fax.....(YES) (NO)
Calculator.....(YES) (NO)
10-Key by touch.....(YES) (NO)
PC Experience.....(YES) (NO)

List any software programs you are familiar with:

SPECIAL SKILLS

List any special skills that may be relevant to the position in which you are applying:

REFERENCES

Please list three references that we may contact – Do not include relatives

- 1. _____
NAME PHONE NUMBER
- 2. _____
NAME PHONE NUMBER
- 3. _____
NAME PHONE NUMBER

What type of employment are you seeking? Circle all that apply:

NO PREFERENCE FULL TIME-DAYS FULL TIME-EVENINGS FULL TIME-NIGHTS
 TEMPORARY PART TIME-DAYS PART TIME-EVENINGS PART TIME-NIGHTS

Are you willing to work overtime, if asked? (YES) (NO)

EMPLOYMENT HISTORY

Give only accurate and complete information about any and all employment.

Start with your current or most recent employer and go back. Be sure to list all phone numbers for verification.

Employer: _____ Phone #: _____
 Address: _____
 Dates of employment: From: _____ to _____ Rate of pay: _____
 Your title: _____ Supervisor: _____
 Duties: _____

Reason for leaving: _____

Employer: _____ Phone #: _____
 Address: _____
 Dates of employment: From: _____ to _____ Rate of pay: _____
 Your title: _____ Supervisor: _____
 Duties: _____

Reason for leaving: _____

Employer: _____ Phone #: _____
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Employer: _____ Phone #: _____
 Address: _____
 Dates of employment: From: _____ to _____ Rate of pay: _____
 Your title: _____ Supervisor: _____
 Duties: _____

Reason for leaving: _____

APPLICANT AGREEMENT

It is understood that if I am employed by WinnaVegas, I agree to the following conditions:

1. I understand that my employment is not guaranteed for any term and that either WinnaVegas or I can terminate my employment at any time.
2. I understand that if employed, I will be subject to a 90-day probationary period, which can, at the employer's discretion, be extended.
3. I understand that WinnaVegas maintains a Drug and Alcohol Free Workplace environment and that I will be required to sign a statement indicating that I will abide by these terms as a condition of my employment.
4. I give my consent for WinnaVegas to verify my employment, educational, and character background by contacting any previous employers, educational facilities, and/or personal references I have listed.
5. I certify that all the answers contained herein are true. I further understand that omission of facts or misrepresentation of any facts requested is cause for dismissal.

I have read, understand, and agree to the above.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

DATE RECEIVED	_____	_____
RESPONSE LETTER	_____	_____
NOT CONSIDERED	_____	_____
INTERVIEW DATE	_____	_____
OFFERED	_____	_____
START DATE	_____	_____
EMPLOYMENT CHECK	_____	_____
TERMINATION DATE	_____	_____
TRANSFER DATE/DEPT	_____	_____