



# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK)

Date \_\_\_\_\_

|                           |  |   |   |
|---------------------------|--|---|---|
| <b>EMPLOYMENT DESIRED</b> | Position(s) Applied For (please be specific)   | First Choice<br>Rate of Pay Expected _____  | Second Choice<br>Rate of Pay Expected _____ |
|                           | How did you hear about our employment opportunities?<br><input type="checkbox"/> Walk-In <input type="checkbox"/> Friend/Relative/Employee <input type="checkbox"/> Gov't Agency <input type="checkbox"/> Job Fair <input type="checkbox"/> Radio <input type="checkbox"/> Job _____ <input type="checkbox"/> School/College <input type="checkbox"/> Website<br><input type="checkbox"/> Newspaper Ad (please specify) _____ <input type="checkbox"/> Other _____ |   |   |
|                           | Employment Desired<br><input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> On-Call/Big Event <input type="checkbox"/> College Internship <input type="checkbox"/> Social Vocational  | Date Available To Start<br>/   /   /  |   |
|                           | Preferred Shifts (check all that apply)<br><input type="checkbox"/> Any Available Shift <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends  |   |   |
|                           | Are there any restrictions on the hours or days of the week you can work? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, please specify _____  | Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Are you lawfully eligible to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If hired, proof of citizenship or immigration status will be required. |   |
|                           | Are you willing to work overtime as required? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain _____   |   |   |

|                             |  |
|-----------------------------|--|
| <b>PERSONAL INFORMATION</b> | Full Name _____<br><div style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>   |
|                             | Social Security No. _____ - ____ - ____   How long at current address? _____   |
|                             | Current Address _____<br><div style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div>                          |
|                             | Home Phone _____ - ____ - ____   Contact Phone _____ - ____ - ____   Email _____   |
|                             | Previous Address _____   How long at previous address? _____   |
|                             | Have you ever applied for employment with this Company? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, when? ____/____/____  |
|                             | Have you ever been employed by this Company? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, from ____/____/____ to ____/____/____  |
|                             | Position: _____   What was the reason for leaving? _____   |
|                             | Are there any other names under which your employment or educational records, and other information may be verified?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, please list _____ |
|                             | List any friends or relatives working for us _____<br>_____<br>_____   |

Have you ever been convicted of a felony or misdemeanor? If so, are you on supervised or unsupervised probation? Do you have any pending criminal charges against you? NOTE: A yes answer may not disqualify you for employment.    YES    NO  
 If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

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

If the position desired requires operating a vehicle, please provide the following: License Type:    Operator    Chauffeur  
 Commercial

Driver's License # \_\_\_\_\_   Expiration \_\_\_\_/\_\_\_\_/\_\_\_\_   Can you operate  Automatic    Standard

**EMPLOYMENT HISTORY**

|                           |  |   |
|---------------------------|--|---|
|                           | BRIEFLY DESCRIBE YOUR DUTIES: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary |   |
| MOST RECENT EMPLOYER NAME |  |   |
| ADDRESS                   |  |   |
| CITY, STATE, ZIP<br>( )   |  |   |
| CONTACT PHONE             | POSITION TITLE   | SALARY HISTORY<br>STARTS _____ ENDS _____ |
| SUPERVISOR'S NAME & TITLE | DATES OF EMPLOYMENT<br>FROM: _____ / _____ / _____ TO: _____ / _____ / _____   |   |
| REASON FOR LEAVING        |  |   |

MAY WE CONTACT THIS EMPLOYER?  YES  NO

**EMPLOYMENT HISTORY**

|                           |  |   |
|---------------------------|--|---|
|                           | BRIEFLY DESCRIBE YOUR DUTIES: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary |   |
| MOST RECENT EMPLOYER NAME |  |   |
| ADDRESS                   |  |   |
| CITY, STATE, ZIP<br>( )   |  |   |
| CONTACT PHONE             | POSITION TITLE   | SALARY HISTORY<br>STARTS _____ ENDS _____ |
| SUPERVISOR'S NAME & TITLE | DATES OF EMPLOYMENT<br>FROM: _____ / _____ / _____ TO: _____ / _____ / _____   |   |
| REASON FOR LEAVING        |  |   |

MAY WE CONTACT THIS EMPLOYER?  YES  NO

**EMPLOYMENT HISTORY**

|                           |  |   |
|---------------------------|--|---|
|                           | BRIEFLY DESCRIBE YOUR DUTIES: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary |   |
| MOST RECENT EMPLOYER NAME |  |   |
| ADDRESS                   |  |   |
| CITY, STATE, ZIP<br>( )   |  |   |
| CONTACT PHONE             | POSITION TITLE   | SALARY HISTORY<br>STARTS _____ ENDS _____ |
| SUPERVISOR'S NAME & TITLE | DATES OF EMPLOYMENT<br>FROM: _____ / _____ / _____ TO: _____ / _____ / _____   |   |
| REASON FOR LEAVING        |  |   |

MAY WE CONTACT THIS EMPLOYER?  YES  NO



Gold River Casino is an Equal Opportunity Employer committed to a drug-free workplace and does not discriminate in hiring or employment on the basis of race, religion, color, national origin, sex, age or qualified disability. No question on this application is intended to secure information to be used for such discrimination. You may attach a resume, but **ALL SPACES MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT.**

**AUTHORIZATION AND AGREEMENT**

**Applicant: Please Read the Following Carefully Before Signing**

I certify that the information I have provided on this application is true and correct and that I have not knowingly withheld any facts, which might, if disclosed, affect my application unfavorably. I understand that falsification or omission of any information on this form or any other document submitted as part of the employment screening process is grounds for disqualification from further consideration or for dismissal from employment. I further understand that any offer I receive is contingent upon obtaining a license from the Delaware Nation Gaming Commission.

**Employment At-Will** - In consideration of my potential employment, I agree to conform to the rules and policies of Gold River Casino. I understand that such rules are not contractual and that Gold River Casino retains the sole right to change existing rules or elect new rules at any time. I understand and agree that employment with Gold River Casino is on an at-will basis and that, if employed, both Gold River Casino and I have the right to terminate my employment at any time or without cause and with or without notice. I also understand that Gold River Casino retains the sole right to change job assignments and work schedule whenever it deems fitting. I further understand that no representative of Gold River Casino other than the General Manager is authorized to enter into any agreement on behalf of Gold River Casino for employment for any specified period of time. Any agreement by the General manager must be provided to me in writing and be signed.

**References** - Gold River Casino may verify any of the information I provide. I hereby authorize all my previous employers and references to furnish any information concerning my personal character, habit or employment history unless I have stated otherwise on this application. I hereby release all such persons from liability or damages as a result of the furnishing of this information to Gold River Casino.

**Liability Insurance** - I understand that offers of employment for positions in field sales or transportation are contingent upon approval of an Automobile Liability Affidavit.

**Employment Eligibility** - The Immigrating Reform and Control Act of 1986 requires that after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon Gold River Casino's ability to verify this necessary information. I understand that this application will be given every consideration, but that its receipt by Gold River Casino is not a guarantee of employment. I also understand that if an offer of employment is made and accepted, Gold River Casino reserves that right to make any changes in the terms and condition of employment which it deems appropriate.

**Privacy Notice and Notice Regarding False Statements** - In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on the following application forms is authorized by 25 U.S.C. 2701 et seq. The purpose of the request information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming commission members and staff who have need for information in the performance of their official duties. The information may be disclosed to appropriate federal, tribal, state, local or foreign law enforcement and regulatory agencies, when relevant to civil, criminal, regulatory investigations or prosecutions, or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with the hiring or firing of an employee, the issuance or revocation of a gaming license, and/or investigation of activities while associated with a tribe or a gaming operation. Failure to consent of the disclosures indicated in this notice will result the Delaware National of Western Oklahoma being unable to hire you in a primary management official/key employee position or as a member of the gaming staff.

The disclosure of your Social Secure Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application. **A false statement on any part of your application may be grounds for not hiring you or for firing you after you begin work. Also, you may be punished by fine and/or imprisonment (U.S. Code, Title 18, Section 1001).**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**This application shall be considered active for a period of 180 days.** After that time, applicants will be required to resubmit a completed application. Due to the large number of applications received, Gold River Casino may not be able to give each applicant a personal response.

**Thank You for completing this application form and for your interest in employment with Gold River Casino.**

**MANAGEMENT USE ONLY**

| First Position Interview  | Second Position Interview   | Third Position Interview  |
|---|---|---|
| Interview Date: _____   | Interview Date: _____   | Interview Date: _____   |
| Position: _____   | Position: _____   | Position: _____   |
| Dept: _____   | Dept: _____   | Dept: _____   |
| Interviewed By: _____   | Interviewed By: _____   | Interviewed By: _____   |
| Hired?: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date: _____                | Hired?: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date: _____                | Hired?: <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date: _____                |
| \$ _____ <input type="checkbox"/> Day <input type="checkbox"/> Hour <input type="checkbox"/> Week | \$ _____ <input type="checkbox"/> Day <input type="checkbox"/> Hour <input type="checkbox"/> Week | \$ _____ <input type="checkbox"/> Day <input type="checkbox"/> Hour <input type="checkbox"/> Week |
| Salary Includes: <input type="checkbox"/> Tips <input type="checkbox"/> Bonus                     | Salary Includes: <input type="checkbox"/> Tips <input type="checkbox"/> Bonus                     | Salary Includes: <input type="checkbox"/> Tips <input type="checkbox"/> Bonus                     |

**Attention Hiring Managers: Please attach Applicant Interview Evaluation and return to Human Resources**



To Whom It May Concern:

I hereby authorize any investigator bearing this release, or a copy thereof, within one year of its date, to obtain any information relating to my activities from schools, credit bureaus, residential management agents, employers, criminal justice agencies or individuals. This information may include and is not limited to, academic; residential; achievement; performance; attendance; personal history; disciplinary; arrest or conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

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

Signature (full name): \_\_\_\_\_

Full name (printed): \_\_\_\_\_

Aliases: \_\_\_\_\_  
(include any married names, nicknames and/or maiden names)

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

The request of your Social Security number is a means to uniquely identify your application records within our files. By providing an accurate Social Security number and full name you assure the accomplishment of application process and further consideration for employment.

### PRIVACY ACT NOTICE

**Authority for Collecting Information**

E.O. 10450; 5 USC 1303-1305, 42 USC 2165 and 2455 USC and 2519; and 5 USC 3301.

**Purposes and Uses**

Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine (1) fitness for employment, (2) clearance to perform contractual services, (3) security clearance or access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

**Effects of Nondisclosure**

Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access, or in the termination of your employment.



## DRUG AND ALCOHOL SCREENING TEST CONSENT AND RELEASE FORM

The undersigned applicant hereby authorizes the Gold River Casino to conduct, through drug test compliance, a drug screen test as a requirement of employment.

In applying for employment, I understand that a urine test will be administered as part of the pre-employment drug screening process to determine the presence of certain drugs and substances prohibited by the Gold River Casino policy, such as alcohol; illegal drugs; controlled substance; marijuana; mood or mind altering substances; "look alike" substances; designer or synthetic drugs; certain inhalants and unauthorized prescription drugs. I further understand that the presence of one or more of those drugs or substances may prevent my further consideration for employment.

I understand that refusal to submit to the drug screening test will constitute voluntary withdrawal of my application for employment.

I fully understand that should I conditionally be hired by the Gold River Casino prior to the results of the drug-screening test being known, my continued employment with the Gold River Casino is conditional upon passing the urine-screening test. If I should test positive on the urine drug screen, indicating the presence of a prohibited drug or substance, I further understand that I will be subject to immediate termination of employment.

I authorize that the result of this urine drug screen test and/or alcohol test be given to the Gold River Casino or any of its agents.

I also understand that after becoming an employee of the Gold River Casino I waive any rights of self incrimination with respect to all the testing and further agree that if the Gold River Casino has probable cause, it has the right to request an alcohol test and/or drug screen at any time during my employment.

I release and hold the designated review officer, testing laboratory and medical facility harmless for release of this information. I also release and hold harmless the Gold River Casino; its directors, administrators and executive department for the use of this information for employment purposes.

**\*There will be a \$10.00 pre-hire drug test fee. After completion and clearance of all pre-hire requirements employees will receive reimbursement for drug testing fee(s).**

Applicant's signature: \_\_\_\_\_

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

Printed name: \_\_\_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness: \_\_\_\_\_

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