

# APPLICATION FOR EMPLOYMENT



**A pre-employment drug/alcohol test is mandatory.**

## **Indian Preference Observed**

We do not discriminate on the basis of race, color, religion,  
national origin, sex, age, or disability

Name:	_____	_____	_____	Today's Date: _____
	Last	First	Middle	
Mailing Address:	_____			_____
			City	State Zip Code
Telephone Numbers:	_____	_____	_____	_____
	Home	Work	Message	
Enrollment Number:	_____			Agency: _____
Position(s) Applied For:	1) _____	2) _____		
<i>(In order of preference)</i>	3) _____	4) _____		
	5) _____	6) _____		
7932 Highway 24 • Fort Yates, ND 58538 • 701-854-7777 • 800-425-8277 • Fax 701-854-7789				

All information will be treated confidentially. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature on the back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

## Employment Information

Are you seeking: Full-time  Part-time  Temporary  employment? When could you start work? \_\_\_\_\_

Are you 18 years of age? Yes  No

Are you 21 years of age or older (if you are hired you may be required to submit proof of age)? Yes  No

If hired, can you furnish proof you are eligible to work in the U.S.? \_\_\_\_\_

Do you currently have a valid Gaming License from:

The Standing Rock Sioux Tribe?  No  Yes, \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
License Number

Any other gaming jurisdiction?  No  Yes, \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Jurisdiction License Number

Do you know anyone who works at Prairie Knights Casino & Resort?  No  Yes \_\_\_\_\_; \_\_\_\_\_  
NAME OF PERSON Relationship  
\_\_\_\_\_ ; \_\_\_\_\_  
NAME OF PERSON Relationship

Have you ever worked or attended school under any other name?  No  Yes

If yes, what name(s)? \_\_\_\_\_ Dates: \_\_\_\_\_

Have you ever been convicted of any law violation (except a minor traffic violation)?  No  Yes

(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying will also be considered.)

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

Are you now, or do you expect, to be engaged in any other business or employment? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you ever been fired from a job or asked to resign? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Driving Jobs ONLY: Do you have a valid driver's license? \_\_\_\_\_

Driver's License State \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last three (3) years?  No  Yes

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**Additional Information** (Use this space if you do not have enough room on this application for your complete answers.)

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**References** Please list 3 references other than relatives, preferably past employers.

Name and Position	Company and Full Address	Telephone No.	Dates Employed

**Disclosure Statement** Please Read Each Statement Carefully Before Signing.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers, organizations named in this application, Department(s) of Motor Vehicles and Insurance Companies to provide relevant information and opinions that may be useful in making a hiring decision. I further release all such persons and organizations from any legal liability in making such statements. I understand that if employed, PKC will conduct annual or semi-annual reviews to update my motor vehicle driving record and I consent to and authorize PKC to obtain this information from the Department of Motor Vehicle, Insurance Companies or other sources of motor vehicle records.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This application for employment will remain active for 3 months from date received.**