



## Application for Employment

**\*\*\*YOU MUST ATTACH PROOF OF YOUR TRIBAL ENROLLMENT OR DESCENDANT STATUS\*\*\***

POSITION APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Name \_\_\_\_\_

Last First M.I.

Mailing Address: \_\_\_\_\_

PO Box/Street City State Zip Code

Physical Address: \_\_\_\_\_

PO Box/Street City State Zip Code

Telephone #: ( ) \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ D.O.B. \_\_\_\_\_

(Optional) (Optional)

Tribal Affiliation \_\_\_\_\_ Enrollment Number \_\_\_\_\_

**\*\*\* YOU MUST ATTACH PROOF OF YOUR EDUCATION \*\*\***

EDUCATION	Name & Address	Years Completed	Do you have: (please circle)	Course of Study
High School or Highest Grade Completed		9 10 11 12	Diploma / GED / HSED	
College/University Credits Earned		1 2 3 4		
Graduate/Professional Credits Earned				
Specialized Training/ License/Certification				
Apprenticeship				

Reference check and education verification will be conducted for employment experiences. Are there any employers you would **NOT** want us to contact? **YES NO**

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

Are you a veteran of the U.S. Military Service? **YES NO** **\*\*\*MUST PROVIDE A COPY OF DD214\*\*\***

Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Have you ever worked for the Menominee Casino, Bingo & Hotel? **YES NO**

(If yes, list dates: \_\_\_\_\_ to \_\_\_\_\_)

Month/Year Month/Year

Are you physically, or otherwise **ABLE** to perform the duties of the job for which you are applying? **YES NO**

If no, please explain: \_\_\_\_\_

**Employment History:**

Provide the following information of your past employers starting with most recent:

From: ----- To:	Employer Name: ----- Telephone: (        )
Job Title:	Address:
Supervisor and Title:	Nature of work performed and job responsibilities:
Reason For Leaving:	Hourly: Start:                      Hourly:                      Yearly: Final:                      Hourly:                      Yearly:

From: ----- To:	Employer Name: ----- Telephone: (        )
Job Title:	Address:
Supervisor and Title:	Nature of work performed and job responsibilities:
Reason for Leaving:	Hourly: Start:                      Hourly:                      Yearly: Final:                      Hourly:                      Yearly:

From: ----- To:	Employer Name: ----- Telephone: (        )
Job Title:	Address:
Supervisor and Title:	Nature of work performed and job responsibilities:
Reason for Leaving:	Hourly: Start:                      Hourly:                      Yearly: Final:                      Hourly:                      Yearly:

Summarize special skills and qualifications acquired from previous employment: \_\_\_\_\_

Menominee Language Abilities **\*\*\*MUST PROVIDE PROOF\*\*\***

Please provide any course work or training in Menominee Language \_\_\_\_\_

**HAVE** you ever been convicted of violating a City/County/Tribal Ordinance? (Eliminate minor traffic violations) **YES - NO**  
**AND/OR** do you have Pending Unresolved City/County/Tribal Ordinance Charges? **YES - NO**

Type	Year	County	State

**HAVE** you ever been convicted of a Misdemeanor? **YES - NO**  
**AND/OR** do you have Pending Unresolved Misdemeanor Charges? **YES - NO**

Type	Year	County	State

**HAVE** you ever been convicted of a Felony? **YES - NO**  
**AND/OR** do you have Pending Unresolved Felony Charges? **YES - NO**

Type	Year	County	State

**HAVE** you ever used, or are you otherwise known by another name? If so, please list all such names (**include Maiden name and nicknames**).

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Previous Address(s):**

\_\_\_\_\_

\_\_\_\_\_

**PRIVACY NOTICE**

Federal law requires that current employees sign this statement regarding the privacy of information supplied to the Menominee Casino Resort.

In compliance with the Privacy Act of 1974, the following information is provided: Solution on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employees of the Menominee Casino Resort and its Gaming operation. The information will be used by the Menominee Indian Gaming commission or by the National Indian Gaming Commission members and staff, the Menominee Security Department/Menominee Human Resources office and staff, who have need for the information in the performance of their office duties. The information may be disclosed to appropriate Federal, Tribal, State, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigation or prosecutions or when pursuant to a requirement by a tribe, the Menominee Casino Resort or the National Indian Gaming Commission in the connection of the hiring or firing of an employee, the issuance or revocation of a gaming license, or investigation of activities while associated with a tribe or gaming operation. Failure to consent to the disclosures indicated in this notice will result in the screening from employment.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

**\*\*\*MUST ATTACH A COPY IF APPLICABLE\*\*\***

**CONSENT TO RELEASE INFORMATION**

I hereby authorize all previous and current employers to disclose to the Menominee Casino Resort Human Resource office any records necessary to determine eligibility for employment. This includes all information regarding my service, character and conduct while in their employ.

Employers are hereby released from any and all liability, which may result from furnishing such information. This authorization is good for one year from the date below.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I am consenting to a *drug test and screen* as a condition for my employment and consent for disclosure of results to Menominee Casino Resort.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DISCLAIMER:** The Menominee Casino Resort will not be responsible for the completeness of this form. It is the applicant's responsibility to fill out the application form completely so that the Human Resource Office can ascertain pertinent information. If the applicants are screened out due to inadequate information, the decision is not subject to appeal.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work.

All information derived pursuant to the employee background investigation is confidential and will not be released to anyone, including the applicant. This application becomes the property of the Menominee Casino Resort.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*A SOCIAL SECURITY CARD WITH CURRENT NAME IS NEEDED AT THE TIME OF HIRE WITH THE MENOMINEE CASINO RESORT. \*\***

**PLEASE INITIAL \_\_\_\_\_**

**Revised 11/11/2022**