

HR Use:
(Stamp Area)

C1: _____
C2: _____

Date Completed: _____



Revised September 2006

PLEASE INDICATE AREAS OF INTEREST:
(Check at least one)

- Executive Electronic Gaming Maintenance
 Administrative Food & Beverage
 Information Technology Vault
 Human Resources Customer Service/Promotions
 Accounting Security

ARE YOU A MEMBER OF A FEDERALLY
RECOGNIZED TRIBE? YES NO

If yes, please list name of tribe: _____
CDIB CARD? YES NO

Casino applying for: _____

Application for Employment

ALL APPLICANTS MUST BE ABLE TO OBTAIN A GAMING LICENSE

PRINT IN INK OR TYPE. Fill out the application form completely (pages); if questions are not applicable, enter "NA" (Resumes or attachments will be accepted for additional information). Be sure to sign the completed form.

Personal

Last Name	First	Middle	Are you 18 or older?				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Street Address	City	State	Zip	Home Phone Cell Phone:			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever applied for employment with us?				
If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year				
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Social Security Number				
If Yes, what Position? When?							
I will accept <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary Work			Position Applying For				
Hours Available to work:			Date Available to begin work				
Sun	Mon	Tues	Wed	Thurs	Fri	Sat	

Education

SCHOOL	NAME & LOCATION	COURSE OF STUDY OR MAJOR/MINOR	NO. OF YEARS OR CREDIT HOURS COMPLETED	DID YOU GRADUATE OR COMPLETE TRAINING	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED
High					
College/Area Vo-Tech School					
College/Area Vo-Tech School					

Middle Initial

First Name

Last Name

Additional Skills

Please list additional skills or training applicable to the position which you have applied for.

References: Please list three personal references, including one who has known you for five (5) years or more. DO NOT LIST RELATIVES

NAME	RELATIONSHIP	PHONE

Emergency Contact Information

Please list persons whom to notify for emergency contact.

NAME	RELATIONSHIP	PHONE

List the names of any Employees of Creek Nation Casino whom are relatives or friends.

NAME	RELATIONSHIP	PHONE

Employment Information: Please give accurate, complete, full-time and part-time employment record. If unemployed for a period of 1 month or more, please account for times/reason.

1. Company, Organization	Telephone () -
Address	Employed (State Month and Year) From _____ To _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Supervisor (Indicate if Self-Employed)	Salary
Job Title and Type of Duties Performed	Reason for Leaving

2. Company, Organization	Telephone () -
Address	Employed (State Month and Year) From _____ To _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Supervisor (Indicate if Self-Employed)	Salary
Job Title and Type of Duties Performed	Reason for Leaving

3. Company, Organization	Telephone () -
Address	Employed (State Month and Year) From _____ To _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Supervisor (Indicate if Self-Employed)	Salary
Job Title and Type of Duties Performed	Reason for Leaving

Attach additional pages if necessary.

May we contact your current employer(s) listed in regard to your job performance?	Yes _____ If no, specify _____ No _____
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How did you learn about this job opening? <input type="checkbox"/> Oklahoma Employment Commission <input type="checkbox"/> Newspaper or Professional Publication Other (specify) _____	<input type="checkbox"/> Employee or Friend <input type="checkbox"/> Native American Resource Center <input type="checkbox"/> Yes Walk-in
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Other Information

Have you ever pleaded “guilty” or “no contest” to, or been convicted of a crime:
 Yes No (Answering yes to these questions does not constitute an automatic bar to employment)
 If yes, please provide date(s) and details:

Applicant understands providing a false, misleading, or inaccurate response to one or more of the above questions will cause denial of employment or may cause dismissal from employment if the false response is learned after employment begins.

Signature

I hereby declare that the information provided by me in this Application for Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, any misrepresentation or omission of fact on this application shall be considered cause for dismissal.

My signature below authorizes investigation of all statements made by me on this application and authorizes Creek Nation Casino to contact my references and former employers (as indicated) and authorizes contacted persons to respond to questions from Creek Nation Casino.

This application will be retained for no more than one year. If I am not hired during that period of time, I must complete a new application in order to be considered for employment. It is my responsibility to notify Human Resources of my intent to apply for any position opening available with Creek Nation Casino.

If I am employed, I acknowledge that there is no specified length of employment, and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is not violation of applicable federal law.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

HIRED YES NO

POSITION:

DEPARTMENT:

SALARY/WAGE:

DATE REPORTING TO WORK:

APPROVED BY:



**RECOGNITION AND ACCEPTANCE OF SAFETY AND WORKERS COMPENSATION
CONDITIONS AT THE MUSCOGEE (CREEK) NATION CASINO**

Please read carefully before signing or initialing document.

The Muscogee (Creek) Nation, a sovereign Indian Nation employer, is exclusively under the jurisdiction of its own Nation Worker's Benefit System, NCA 05-049.

The exclusive remedy for any work connected injury or occupational disease is through the Nation Worker's Benefits System. **Muscogee (Creek) Nation Casinos are insured under the Nation Worker's Benefit System through: Ward/ Tribal First.** The Oklahoma State Worker Compensation System has no authority to accept a claim from you under the Nation Worker's Benefit Code.

If employed by Creek Nation Casinos, and you are injured or sustain an occupational disease while at work, you may be entitled to benefits as provided by the Nation Worker's Benefit Code. If you fail to notify your employer of any injuries, no matter how slight, you may lose your benefits under the Nation Worker's Benefit System. In no event shall benefits be paid to a worker who failed to notify their employer within thirty (30) days after sustaining such work related injury. You will be required to report any injuries or notification of occupational disease as soon as possible, and in not event more than ten (10) days after you have knowledge thereof. It will be your responsibility to file a claim for benefits under the Nation Worker's Benefit Code. The necessary forms will be available from your supervisor or the Human Resources Department.

Any work related medical treatment received - which is not authorized by CNC or its assigned agent Ward/Tribal First- may not be reimbursed.

I have read and understand the above statements. If employed by Creek Nation Casinos, I will willingly accept and submit myself to sole jurisdiction of the Muscogee (Creek) Nation in these matters.

Signature: _____ Date: _____ Witness: _____ Date: _____

On accepting an offer of employment, as an employee, I will obligate and hold myself accountable for:

- My own safety and well being. _____ **Initials**
- Being aware of, and participating in, training programs specific to my facility and work assignments. _____ **Initials**
- Knowing, supporting and complying with established safety rules, work instructions or procedures. _____ **Initials**
- Immediately reporting a work associated injury or illness, regardless of severity, to my supervisor or the Human Resources Department. _____ **Initials**
- Being, and remaining, physically qualified to perform the essential functions of my job assignment. IF there is a question about my physical qualifications, I will submit to a CNC designated physician for physical examination and specified testing to determine my status for work. Such examination/testing will be at no cost to me under this provision. _____ **Initials**

By my signature below, I willingly recognize, accept and submit myself to these terms and conditions..

Name (Please Print)

Signature

Date

CNC Witness Name

Signature

Date



PRE EMPLOYMENT STATEMENT

Please read carefully and initial each paragraph before signing

Nothing in published employment manuals, guidelines, policies, procedures or practices shall mean, or to be interpreted as, a waiver of the sovereign immunity of the Muscogee (Creek) Nation, any tribal employee, of the Tribal nation's Tribal Council or the Tribe. _____ Initials

I understand that neither this application nor any offer of employment which may result, creates, nor is intended to create, a contract of employment. I also understand that any statements contained in policies, practices, handbooks and other employment material do not create any guarantee of employment. Any promises to the contrary cannot be relied upon unless they are in writing and signed by an authorized company official and the Human Resources Director for CNC. _____ Initials

As a condition of employment, I understand and consent to taking such employment related physical examinations as may be required by CNC. Such examinations may include, but not limited to pre-placement, fitness for duty, leave of absence and benefit eligibility examinations. CNC views Alcohol/Drug testing as a physical examination. _____ Initials

I understand that employment with Creek Nation Casino is at will, and either I or Creek Nation Casino may end employment without prior notice anytime, for any reason. _____ Initials

I understand that the accuracy and completeness of my statements in the employment application, and accompany resume (if provided) and interview process will be relied upon by CNC. I understand that any false, misleading or significant omissions may disqualify me from further considerations for employment, and may result in my release from employment if discovered at a later date. _____ Initials

I understand that I will be required to apply for a Gaming License. The Muscogee (Creek) Office of Public Gaming will require a separate listing of your past five (5) years of residential history, five (5) years of employment and experience history, and criminal history and other information deemed necessary for the issuance of the Gaming License. _____ Initials

By my signature, and initials placed above, I acknowledge, understand and accept the terms and conditions set forth.

Date: _____

Signature: _____

**EMPLOYEE AUTHORIZATION
TO RELEASE REFERENCE INFORMATION**

I, _____ hereby authorize _____ to release the following job reference information to prospective employers:

Dates of employment (Hire Date: _____ Termination Date: _____)

Position held (Starting: _____ Final: _____)

Duties and responsibilities _____

Reason for leaving _____

Eligibility for rehire (Yes: _____ No: _____)

Additional comments: _____

I have reviewed to above information and understand this is the data that will be released should my references be checked.

X _____
Signature

X _____
Date

Name: X _____

Social Security #: X _____

Release Expiration Date: _____

Name of Person Verifying information _____