



777 Jackpot Drive  
White Cloud, KS 66094

**CASINO WHITE CLOUD**  
Iowa Tribe of Kansas and Nebraska

Phone: 785-595-3430  
Fax: 785-595-3431

### APPLICATION FOR EMPLOYMENT

Please read the entire application before you begin filling it out. Answer all questions, indicating "None" where applicable. Answers should be printed or carefully written in ink so that they are clear and readable. This application must be completed in its entirety before any offer of employment may be considered.

Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

Casino White Cloud is an Equal Opportunity Employer. It is our policy to recruit, hire, train, and promote qualified persons without regard to race, sex, religion, national origin, age, or disability.

Give special attention to experience relative to the job in which you are applying. Be specific and thorough. Do not substitute your resume for information requested.

Positions Applying For: \_\_\_\_\_ Date of Application \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Message Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you willing to work:  Full Time  Part Time  Temporary  Seasonal

Are you willing to work:  Nights  Days  Weekends  Holidays  Overtime

Acceptable salary/wage: \$ \_\_\_\_\_ per \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

Have you ever been convicted of a crime (other than minor traffic violations), or are you awaiting trial for a crime? Answering "yes" will not necessarily disqualify an applicant from employment.

yes  no

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

\_\_\_\_\_

Do you have a high school diploma or equivalent? (GED)

yes

no

Circle the highest grade completed, not including college.

1 2 3 4 5 6 7 8 9 10 11 12

**Education or Special Training Beyond High School**

Name of School/Location	Course of Study:	Graduate?	Degree/Date Received:

Are you a member of a Native American Tribe?

yes

no

Which Tribe? \_\_\_\_\_

Tribal enrollment number: \_\_\_\_\_

Are you a spouse of a Native American Tribal Member?

yes

no

Spouse's Name: \_\_\_\_\_

Which Tribe? \_\_\_\_\_

To conform with all State and Federal laws relating to Gaming and alcohol, are you over the age of 21?

yes

no

If you are under the age of 18, can you provide required proof of your eligibility to work?

yes

no

Do you have a current Tribal Gaming Commission License?

yes

no

Type of license: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever filed an application with us before?

yes

no

Have you ever been employed with us before?

yes

no

Are you currently employed?

yes

no

Do we currently employ a member of your family?

yes

no

Family member name: \_\_\_\_\_

Are you able to perform the required functions of the job for which you are applying?

yes

no

As required under the Immigration Reform and Control act, any person working for Casino White Cloud, regardless of the nature of the job or the number of hours or months employed, will be required to show proof of identity and work eligibility. Do you legally have the right to work in the U.S.?

yes

no

Have you had any job related training in the United States Military?

yes

no

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

## Employment History

In the spaces below, list the specific tasks and responsibilities included in your work history, beginning with your present or last employer. List all employment for the last 5 years and explain all gaps in your employment. Employment verification may be made regarding all of your past experience. Use additional pages if necessary.

Starting Date:	Ending Date:	Starting Wage:	Ending Wage:	Hours/Week
Your Title:		May we contact your present employer?    yes <input type="checkbox"/> no <input type="checkbox"/>		
Present or Last employer Name:		Address:	Phone:	
Supervisor/Name & Title:		Reason for Leaving:		
Job Duties/Be Specific:				

Starting Date:	Ending Date:	Starting Wage:	Ending Wage:	Hours/Week
Your Title:				
Previous employer Name:		Address:	Phone:	
Supervisor/Name & Title:		Reason for Leaving:		
Job Duties/Be Specific:				

Starting Date:	Ending Date:	Starting Wage:	Ending Wage:	Hours/Week
Your Title:				
Previous employer Name:		Address:	Phone:	
Supervisor/Name & Title:		Reason for Leaving:		
Job Duties/Be Specific:				

Starting Date:	Ending Date:	Starting Wage:	Ending Wage:	Hours/Week
Your Title:				
Previous employer Name:		Address:		Phone:
Supervisor/Name & Title:			Reason for Leaving:	
Job Duties/Be Specific:				

Please explain any gaps in your work history.

List any special skills and qualifications that you feel would especially qualify you for this position.

### Employment References

Give the name of 3 individuals who are qualified to evaluate your capabilities. Do not include relatives.

Name	Address	City	State	Phone

### Signature of Applicant

The information I have provided in this application for employment is true, correct, and complete. I understand that if employed, false statements or material omissions contained in my application papers, including facts not required by the application but which could effect employability and/or job performance, or failure to show evidence of my identity and legal authority to work in the U.S. will be considered sufficient cause for dismissal. Casino White Cloud has my permission to contact my previous employers, review my personnel files and/or conduct whatever background checks are necessary to determine my fitness for work.

\_\_\_\_\_  
Date

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