



# Application for Employment

Date of Application: \_\_\_\_\_

## PERSONAL INFORMATION

NAME: \_\_\_\_\_

LAST

FIRST

M.I.

MAIDEN NAME

ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS

CITY

STATE

ZIP CODE

Do you have the legal right to work in the United States? YES NO (PROOF TO BE PRESENTED UPON HIRE)

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_ EXP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

MESSAGE PHONE #: \_\_\_\_\_ MESSAGE NAME: \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITIONS DESIRED: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

SHIFT DESIRED: DAYS AFTERNOONS EVENINGS ANY

STATUS DESIRED: PART-TIME FULL-TIME

DATE YOU CAN START: \_\_\_\_\_

## BACKGROUND INFORMATION

ARE YOU A MEMBER OF A STATE OR FEDERALLY RECOGNIZED TRIBE? NO YES VERIFIED BY: \_\_\_\_\_

IF YES, TRIBE? \_\_\_\_\_ ENROLLMENT # \_\_\_\_\_

PLEASE CIRCLE ONE OF THE FOLLOWING:

CAUCASIAN/WHITE AFRICAN AMERICAN/BLACK ASIAN HISPANIC MULTI-RACIAL

OTHER: \_\_\_\_\_

HAVE YOU EVER SERVED IN THE U.S. MILITARY? YES NO

IF SO, WHICH BRANCH? \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_

**EDUCATION**

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?      YES      NO

IF NO, ARE YOU WORKING TOWARD IT?                      YES      NO

NAME OF SCHOOL/COLLEGE	COMPLETE ADDRESS	CITY, STATE, ZIP CODE	DATE GRADUATED

**CRIMINAL CHARGES**

**IF YOU ANSWER YES TO ANY OF THE FOLLOWING, COURT PAPERWORK MUST BE PROVIDED.**

HAVE YOU EVER BEEN CONVICTED OF, OR ARE YOU CURRENTLY BEING PROSECUTED FOR A FELONY?

CIRCLE ONE:                      NO                      YES

IF SO, LIST CHARGE, DATE OF CHARGE, NAME & ADDRESS OF COURTS INVOLVED AND DISPOSITION.

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HAVE YOU EVER BEEN CONVICTED OF, OR ARE YOU CURRENTLY BEING PROSECUTED FOR A MISDEMEANOR?                      NO                      YES

IF SO, LIST CHARGE, DATE OF CHARGE, NAME & ADDRESS OF COURTS INVOLVED AND DISPOSITION.

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ARE YOU NOW, OR HAVE YOU EVER BEEN CHARGED WITH ANY CRIME (TO INCLUDE PENDING CRIMINAL LEGAL ACTION) THAT IS NOT OTHERWISE LISTED IN THIS SECTION?

NO                      YES

IF SO, LIST CHARGE, DATE OF CHARGE, NAME & ADDRESS OF COURTS INVOLVED AND DISPOSITION.

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**APPLICANT'S DISCLOSURE STATEMENT**

I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION, OR IN THE GRANTING OF AN INTERVIEW, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ISLAND RESORT & CASINO AND MYSELF FOR EITHER EMPLOYMENT OR THE PROVIDING OF ANY BENEFITS. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE ISLAND RESORT & CASINO.

IF I AM OFFERED EMPLOYMENT WITH THE ISLAND RESORT & CASINO, I FREELY AND VOLUNTARILY AGREE TO SUBMIT TO A POST OFFER DRUG SCREENING AS PART OF THE REQUIREMENTS FOR EMPLOYMENT. I UNDERSTAND THAT EITHER THE REFUSAL TO SUBMIT TO A POST OFFER SCREENING OR FAILURE TO QUALIFY ACCORDING TO THE MINIMUM STANDARDS ESTABLISHED BY THE HANNAHVILLE INDIAN COMMUNITY FOR THIS SCREENING MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT UNTIL ALL NECESSARY REQUIREMENTS ARE MET. FURTHER, I UNDERSTAND THAT ANY POSITIVE TEST RESULT WILL BE COMMUNICATED IN A CONFIDENTIAL MANNER.

THE HANNAHVILLE INDIAN COMMUNITY / ISLAND RESORT & CASINO WILL VERIFY STATEMENTS MADE IN THIS APPLICATION. I HEREBY GIVE THE CASINO THE RIGHT TO MAKE A THOROUGH INVESTIGATION OF MY PAST EMPLOYMENT, EDUCATION, ACTIVITIES AND DMV RECORDS (FOR TRANSPORTATION AND ANY OTHER POSITION THAT INVOLVES DRIVING A COMPANY VEHICLE). I RELEASE FROM ALL LIABILITY ALL PERSONS, COMPANIES, AND CORPORATIONS SUPPLYING ANY INFORMATION PURSUANT TO SUCH INVESTIGATION. I INDEMNIFY AGAINST ANY AND ALL LIABILITY THAT MIGHT RESULT FROM SUCH INVESTIGATION. I AGREE THAT ANY INFORMATION OBTAINED BY THE HANNAHVILLE INDIAN COMMUNITY AND/OR ISLAND RESORT & CASINO WILL BE HELD CONFIDENTIAL FROM ALL PERSONS, EXCEPT AS REQUIRED BY LAW.

ADDITIONALLY, I UNDERSTAND THAT ANY FALSE ANSWERS, STATEMENTS OR IMPLICATIONS MADE BY ME IN THIS APPLICATION OR OTHER REQUIRED DOCUMENTS WILL BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF EMPLOYMENT OR DISCHARGE FROM THE ISLAND RESORT & CASINO. I AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATION AS MAY BE REQUIRED TO COMPLETE MY EMPLOYMENT FILE. IF HIRED, I UNDERSTAND THAT I WILL BE ON PROBATION FOR NINETY (90) DAYS AND MY EMPLOYMENT IS NOT FOR ANY DEFINITE PERIOD OF TIME. I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT NOTICE AND THAT THE COMPANY RETAINS A SIMILAR RIGHT.

I CERTIFY THAT I HAVE READ THE ABOVE AND THAT THE STATEMENTS I HAVE MADE ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE

**EMPLOYER'S STATEMENT**

EMPLOYMENT SELECTION WILL BE MADE IN ACCORDANCE WITH THE HANNAHVILLE INDIAN COMMUNITY'S TRIBAL EMPLOYMENT RIGHTS ORDINANCE (TERO) TITLE IV, CHAPTER 3.

COPIES OF HANNAHVILLE INDIAN COMMUNITY'S TERO ARE AVAILABLE UPON REQUEST FROM THE HUMAN RESOURCES OFFICE.

## UPON HIRE

AFTER AN EMPLOYMENT OFFER HAS BEEN MADE, AND YOU HAVE SUCCESSFULLY COMPLETED YOUR POST OFFER DRUG SCREENING, YOU WILL BE SET UP FOR ORIENTATION. AT THIS TIME I WILL GIVE EACH NEW EMPLOYEE THE INFORMATION NEEDED TO GO ON-LINE AND FILL OUT YOUR BACKGROUND INVESTIGATION. YOU WILL HAVE SEVEN (7) DAYS FROM YOUR DATE OF HIRE TO COMPLETE THIS BACKGROUND. THE COMPLETION OF THIS APPLICATION IS MANDATORY IN ACCORDANCE WITH THE NATIONAL INDIAN GAMING COMMISSION. I WILL HAVE ALREADY ENTERED YOUR FIRST, MIDDLE, LAST NAME, POSITION AND SOCIAL SECURITY NUMBER AND THIS WILL AUTOMATICALLY SET A USER NAME AND PASSWORD FOR YOU. IF YOU FAIL TO COMPLETE THE BACKGROUND IN THE ALLOTTED TIME YOU WILL BE REMOVED FROM THE SCHEDULE UNTIL IT IS COMPLETED. THE WEB-SITE FOR THE BACKGROUND IS [WWW.HANNAHVILLEGAMING.COM/ADMIN](http://WWW.HANNAHVILLEGAMING.COM/ADMIN) LOG ON AND CONTINUE TO THE NEW EMPLOYEE SECTION. ALL SECTIONS MUST BE COMPLETE TO CONTINUE. YOU CAN FILL THE BACKGROUND OUT AT HOME, IN THE HUMAN RESOURCES OFFICE AT THE CASINO OR AT VISIONS COMPUTER LAB. VISIONS HOURS OF OPERATION ARE AS FOLLOWS: M-F 8-4 TUESDAY NIGHT 4-8 AND SATURDAY 12-4. IF YOU CHOOSE TO USE THE VISIONS LAB THEY ASK THAT YOU DO NOT BRING ANY CHILD UNDER THE AGE OF 16 WITH YOU.