



# 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 #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

REFERRED BY? FRIEND MI WORKS WEBSITE CASINO EMPLOYEE (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 # \_\_\_\_\_

\*\*\* IN ORDER TO CLAIM BEING A MEMBER OF ANY TRIBE YOU MUST PROVIDE TRIBAL CARD.

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: \_\_\_\_\_

<b>INTERNAL USE ONLY:</b>					
Has applicant worked for HIC/Oasis/Island Resort & Casino before?			YES	NO	
Eligible for Rehire?	YES	NO	If yes, when _____		
Criminal Charges?	YES	NO	Need to see Gaming Commission?	YES	NO
Drug & Alcohol _____			Occurrence # _____		

**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.



W399 Hwy 2 & 41 P.O. Box 351  
Harris, Michigan 49845  
(906) 466-2941 (906) 466-7378 fax

## INFORMATION RELEASE AGREEMENT

Name \_\_\_\_\_  
(Please Print)

I release and hold harmless from liability of any kind all references listed on my employment application and request that the Island Resort & Casino be given any and all information contained in my employment file, including dates of all employment with your company, any disciplinary actions, evaluations, salary scale, and any other pertinent information that is requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Island Resort & Casino

## Hannahville Indian Community Tribal Gaming Commission

The following information must be read, understood and signed by the applicant prior to proceeding with the completion of the background form.

**I have read, and I understand and approve of the following Privacy Act notice:**

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information 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 granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the NIGC in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position. (\_\_\_\_ initial)

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

**I have read, and I understand and approve of the following False Statement notice:**

A false statement on any part of your license application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001). (\_\_\_\_ initial)

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

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

**Print Full Name:** \_\_\_\_\_

**Employee #:** \_\_\_\_\_