



MOHICAN CASINO · RESORT

W12180 County Road A

Bowler, WI 54416

Phone: (715) 787-3110 Fax: (715) 787-4113

**APPLICATION FOR EMPLOYMENT**

**NOTICE: Applicant should read carefully before completing application. Please print or type all information (use black or blue ink). Applicant must complete all four (4) pages. Incomplete applications will not be considered.**

Full Name (first, middle, last) \_\_\_\_\_

Current Mailing Address (street, city, state, zip) \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

U.S. Citizen:  Yes  No Date of Birth is required on Page 3. Must be 18 years of age

Are you a veteran?  Yes  No If yes, what branch of service? \_\_\_\_\_

Position(s) applying for (**be specific**): \_\_\_\_\_

Salary desired: \_\_\_\_\_  Hourly  Annually Date available to start \_\_\_\_\_

Please indicate which types of employment you are applying for (check more than one if you wish):

Full Time  Part Time  Temporary

Are you willing to take a physical examination, health or tuberculosis screening at our expense?  Yes  No

Are you currently employed?  Yes  No If yes, may we contact your current employer?  Yes  No

List professional, business or civic activities and offices held \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us?  Community Posting  Newspaper  Employee  Other \_\_\_\_\_

Do you have any impairment (physical, mental, medical) that would interfere with your ability to perform all the duties of the job that you are applying for?  Yes  No If yes, please describe impairment and explain work limitations.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR HUMAN RESOURCE OFFICE USE ONLY**

Date CIB Completed \_\_\_\_\_ Date Received \_\_\_\_\_

CIB Eligibility:  No Record  Eligible  Pending  Not Eligible  Permanent Bar

## EDUCATION AND TRAINING SECTION

Do you have a High School Diploma or GED?  Yes  No      Year of Graduation \_\_\_\_\_  
Name and Location of High School \_\_\_\_\_

List any training beyond high school (college/university/vocational/specialized).

| <u>Name and Location of School</u> | <u>Years Attended</u> | <u>Degree Earned</u> | <u>Course of Study</u> |
|------------------------------------|-----------------------|----------------------|------------------------|
| _____                              | _____                 | _____                | _____                  |
| _____                              | _____                 | _____                | _____                  |
| _____                              | _____                 | _____                | _____                  |
| _____                              | _____                 | _____                | _____                  |

## EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comment section below. **All applications for technical, supervisory and managerial positions must include a resume.**

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_  
Starting Rate of Pay \_\_\_\_\_ Final Rate of Pay \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Job duties \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_  
Starting Rate of Pay \_\_\_\_\_ Final Rate of Pay \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Job duties \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_  
Starting Rate of Pay \_\_\_\_\_ Final Rate of Pay \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Job duties \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_  
Starting Rate of Pay \_\_\_\_\_ Final Rate of Pay \_\_\_\_\_  
Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Job duties \_\_\_\_\_

Describe any special skills and qualifications that may qualify you to work for North Star Mohican Casino Resort.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments about previous work experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND INFORMATION SECTION**

In accordance with Section IV G Mohican Gaming Enterprise, Personnel Policies and Procedures, the following criteria must be met to be eligible as an employee of North Star Mohican Casino Resort.

All current employees and new applicants who seek employment with North Star Mohican Casino Resort shall not have been convicted or entered a plea of guilty or no contest to any offense that may result in a bar to obtaining or retaining a gaming license, or any other activity that would injure or pose a threat to the public interest, the integrity of the gaming facility or the effective regulation thereof, or enhance the dangers of unfair, unsuitable or illegal gaming practices.

To ensure that these criteria are evaluated before appointments are made, all applicants must complete this application and agree to a background check. Any information contained on the application is strictly confidential, except that it is subject to the Privacy Notice, as printed in this application.

Full Name (first, middle, last)\_\_\_\_\_

Current Mailing Address\_\_\_\_\_

Current Phone Number\_\_\_\_\_ Social Security # (required)\_\_\_\_\_

Previous Names Used\_\_\_\_\_

Date of Birth\_\_\_\_\_ Place of Birth\_\_\_\_\_ Sex: M F

Race:  Indian  White  Black  Hispanic  Asian  Other U.S. Citizen: Yes  No

Have you ever been convicted of a felony, misdemeanor or ordinance violation? Yes No If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have pending court charges for a felony, misdemeanor or ordinance violation? Yes No If yes, explain.

\_\_\_\_\_  
\_\_\_\_\_

**Applicant Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

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**DRUG TESTING ACKNOWLEDGEMENT**

I understand that North Star Mohican Casino Resort has a commitment to maintain a drug-free workplace and requires a drug screening as a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If after a confirmed test, it is determined my specimen contains a controlled substance or was adulterated or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand that if I am employed, I may be randomly selected for screening and under certain circumstances, may be required to submit to testing for reasonable suspicion, accident or unsafe practices or follow-up. I understand that a confirmed positive result of that testing or refusal to submit to testing may result in disciplinary action, including dismissal from employment. I have read, understand and agree to this statement.

**Applicant Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

## TRIBAL PREFERENCE INFORMATION

|   |
|---|
| <b>THE FOLLOWING INFORMATION IS SOLICITED IN ORDER TO MEET THE REQUIREMENTS OF THE MOHICAN NATION EMPLOYMENT PREFERENCE ORDINANCE</b> |
|---|

1. Are you an **enrolled member** of the Stockbridge-Munsee Tribe?  Yes  No

If yes, what is your enrollment number? # \_\_\_\_\_

2. If not an enrolled member, are you a **direct descendant** of the Stockbridge-Munsee Tribe?  Yes  No

If yes, what is the name and enrollment number of your biological parent? \_\_\_\_\_

3. Are you a legal spouse of an enrolled member of the Stockbridge-Munsee Tribe?  Yes  No

If yes, what is the name and enrollment number of your spouse? \_\_\_\_\_

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(North Star Mohican Casino Resort needs to see and verify your enrollment, please provide your card)

Verified By: \_\_\_\_\_ Date \_\_\_\_\_

Document or Source \_\_\_\_\_

### PRIVACY 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 USC 2701 ET seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission members and staff who have need for the information in the performance of their official 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 investigations or prosecutions. The information may be disclosed when pursuant to a requirement by a tribe or the National Indian Gaming commission in connection with the hiring or firing of an employee, the issuance 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 North Star Mohican Casino Resort being unable to hire you in a primary management official or key employee position. The disclosure of your social security number is voluntary; however, failure to supply this information may result in errors processing your application.

### NOTICE REGARDING FALSE STATEMENTS

A false or dishonest answer to any question on this application will be grounds for rating an applicant ineligible for employment with North Star Mohican Casino Resort or for dismissal after employment. All statements on this application are subject to inquiry.

### NON-DISCLOSURE NOTICE

I agree not to divulge any records, customer lists, methods, practices or procedures with which North Star Mohican Casino Resort conducts its business, as this is propriety information that is protected as trade secrets. I agree that all such matters and information shall be kept strictly confidential at all times during my employment and thereafter.

### CONSENT TO RELEASE INFORMATION

I hereby authorize all parties named in this application to disclose to North Star Mohican Casino Resort Human Resource Office any information necessary to determine eligibility for employment, including information regarding my service, character and conduct. I hereby release the parties from all liability that may arise from furnishing such information. This authorization is good throughout the duration of the individual's employment and expires upon employment separation.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_