



# EMPLOYMENT APPLICATION

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PERSONAL INFORMATION				
Position(s) Applied For			Date Of Application	
Last Name	First Name	Middle Initial	Telephone Number	
Address		City	State	Zip Code

Can you provide required proof of eligibility to work? .....  Yes ...  No  
*Proof of citizenship or immigration status will be required upon employment.*

If you are under 18, can you furnish a work permit if it is required? .....  Yes.....  No

Have you ever been previously employed by our organization? .....  Yes.....  No

Are you currently employed?.....  Yes ....  No

May we contact your present employer? .....  Yes.....  No

Are you available to work: .....  Full Time  Part Time

Are you able to meet the attendance requirements? .....  Yes.....  No

Do you have any objection to working overtime if necessary? .....  Yes.....  No

Can you travel if required by this position?.....  Yes.....  No

Are any persons related to you presently employed with us?.....  Yes ....  No

List Names: \_\_\_\_\_

Have you ever been convicted of a crime? .....  Yes.....  No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

EDUCATION			
	School Name & Address	Course of Study	Graduated?
High School			
College			
Technical			

<b>Additional Information:</b> <i>(Describe any specialized training, apprenticeship, skills and extra-curricular activities)</i>

## MILITARY INFORMATION

Have you ever served in the Armed Forces? \_\_\_\_\_ If YES, Branch \_\_\_\_\_

Type of discharge \_\_\_\_\_ Dates of service from \_\_\_\_\_ to \_\_\_\_\_

## LANGUAGES

List any languages you can speak, read and/or write other than English:

\_\_\_\_\_

## SPECIALIZED SKILLS

Production/Mobile Machinery (*list*)

Other (*list*)

\_\_\_\_ Cash Register

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Fax

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Computer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ 10 Key

\_\_\_\_\_

\_\_\_\_\_

By touch Y/N

## PERSONAL REFERENCES

YOU MUST HAVE 3 REFERENCES (not related to you and not your current or previous employer)

1. \_\_\_\_\_  
(Name) (Phone #)

\_\_\_\_\_  
(Address)

2. \_\_\_\_\_  
(Name) (Phone #)

\_\_\_\_\_  
(Address)

3. \_\_\_\_\_  
(Name) (Phone #)

\_\_\_\_\_  
(Address)

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

*Employment experience must cover 5 years. If you need additional space, please continue on a separate sheet of paper.*

Employer _____	Employed from ___/___ to ___/___	Hourly Rate/Salary Starting _____ Ending _____
Address _____	Your Job Title _____	
Telephone Number _____	Supervisor's Name _____	
Reason For Leaving _____		
Work Performed _____		

Employer _____	Employed from ___/___ to ___/___	Hourly Rate/Salary Starting _____ Ending _____
Address _____	Your Job Title _____	
Telephone Number _____	Supervisor's Name _____	
Reason For Leaving _____		
Work Performed _____		

Employer _____	Employed from ___/___ to ___/___	Hourly Rate/Salary Starting _____ Ending _____
Address _____	Your Job Title _____	
Telephone Number _____	Supervisor's Name _____	
Reason For Leaving _____		
Work Performed _____		

Employer _____	Employed from ___/___ to ___/___	Hourly Rate/Salary Starting _____ Ending _____
Address _____	Your Job Title _____	
Telephone Number _____	Supervisor's Name _____	
Reason For Leaving _____		
Work Performed _____		

## STATEMENT AND CONSENT

In compliance with the Privacy Act of 1974, the following information is provided:

Solicitation of the information contained within this application 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 employed in a gaming operation. The information will be used by The 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 or 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 tribal or gaming operation. Failure to consent to the disclosures indicated in this notice will result in the tribes's being unable to hire you in any position. \_\_\_\_Initial

A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (US Code, Title 18, Section 1001). \_\_\_\_Initial

Due to the nature of our business, you will be subject to an extensive background investigation including criminal history. Therefore, as a part of this application, you hereby authorize the CICC and its agents to investigate your references, and to make an independent investigation of your character, conduct, credit, education, employment and criminal records including the Federal Bureau of Investigation and/or any other clearance agencies and give the right to access any and all of your files and/or records maintained by these agencies.

\_\_\_\_Signature

I hereby release all persons from liability as a result of such disclosure. \_\_\_\_\_Signature

I hereby authorize and give my consent to be given a drug and/or alcohol test at any time the Tribal Authorities deem necessary. I agree to be tested by the doctor or lab appointed by the CICC and I further authorize the test results to be disseminated to the Tribal Council and/or its agents for administrative use as they deem necessary. \_\_\_\_\_Signature

I hereby authorize all persons who may have information relevant to this application or background investigation to disclose said information to the CICC and its agents. \_\_\_\_Initial

I understand that failure to reveal any prior employer, or the giving of false or misleading information, or the omission of any requested information on this application will be grounds for Colusa Indian Community Council (CICC) not hiring me or will justify termination of my employment. \_\_\_\_Initial

All employees are "employees at will". There is no employment contract implied or expressed between any employee and the CICC. \_\_\_\_Initial

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION**

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

Print Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)