

PLEASE TAKE NOTICE THAT MECHOOPDA APPLICANTS MUST PASS A PRELIMINARY BACKGROUND INVESTIGATION PRIOR TO EMPLOYMENT.

MECHOOPDA IS A GAMING OPERATION AND CANNOT PROVIDE ITS EMPLOYEES A SMOKE-FREE ENVIRONMENT.



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

NAME: _____
(Last) (First) (Middle) (Social Security #) (Date of Application)

(Area Code & Phone Number) (Message Phone Number) Are you 18 or over? Yes No
Are you 21 or over? Yes No

Email Address: _____

ADDRESS: _____
(Physical) Street (City) (State) (Zip)

ADDRESS: _____
(Mailing) Street & P.O. Box (City) (State) (Zip)

SKILLS AND QUALIFICATIONS

Position Desired _____

Salary Desired _____

Is there any additional information relative to a change of name, use of an assumed name, or nickname necessary to enable a check on your work or education record (Have you ever used another name?) Yes No Please explain: _____

If hired, can you work any shift? Yes No Are you available to work on weekends? Yes No

Would you be available to work overtime if necessary? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you able to perform the essential functions of the job for which you are applying, either without reasonable accommodation? Yes No
If no, describe the functions that cannot be performed _____

Do you have any friends or relatives in our employment? Yes No
If yes, state (Name) _____ (Relationship) _____
Date you can start employment? _____

Have you ever worked for this company before? Yes No
If yes, when/where: _____

Can you, after hire, submit verification of your eligibility to work in the United States? Yes No

Are you employed now? Yes No
If yes, may we inquire of your present employer? Yes No

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for this position? Yes No
If so, please explain _____

Are you licensed or certified for the job you are applying for? Yes No
If yes, name of the license _____ Issuing state _____ License/Certification # _____

Have you obtained any special skills or abilities as the result of service in the military? Yes No
If so, describe: _____

Some of our customers speak or write languages other than English. Do you speak or write any other languages? Yes No
If yes, please list. Speak: _____ Write: _____



EDUCATION

School	Name and Address of School	Course of Study	# Years Completed	Did You Graduate?	Degree or Diploma
Graduate					
College					
Business Trade/Technical					
High School					

WORK EXPERIENCE

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. NOTE: Attach additional pages(s) if necessary.

Company Name	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company Name	Dates Employed		Work Performed
Address	From	To	
Telephone Numbers(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company Name	Dates Employed		Work Performed
Address	From	To	
Telephone Numbers(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company Name	Dates Employed		Work Performed
Address	From	To	
Telephone Numbers(s)			
Starting/Present Job Title			
Supervisor			
Reason for Leaving	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>		

COMMENTS: Include explanation of any gaps in employment

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorized the references I have listed to disclose to the company and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all others persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand and agree that employment is "At-will", meaning employment may be terminated by either the company or myself at any time, with or without cause, and with or without notice. I also understand and agree that the company retains the right to demote, transfer, change my job duties, and my compensation at any time with or without notice and with or without cause in its sole discretion. Employer and Employee further understand and agree that other than the President, no manager, supervisor or other representative of the company has authority to make any agreement, express or implied, for employment or any specified period of time, in any way by oral statements or in any other way, and can only be altered by written amendment signed by the President of the company, indicating that it is intended as a modification of Employee's At-will status.

Signature of Applicant _____

Date _____

THIS APPLICATION FOR EMPLOYMENT IS VALID FOR ONLY 30 DAYS. TO REMAIN AN ACTIVE APPLICANT, A NEW APPLICATION MUST BE FILLED OUT AND SUBMITTED TO THE PALACE ONCE EVERY 30 DAYS.

INDIAN PREFERENCE:

It is the policy of Mechoopda pursuant to federal law (including, the Indian Self Determination Act, 25 U.S.C. 450e, Title VII of the Civil Rights Act of 1964, and federal law) to grant employment opportunity and preference to qualified Tribal Members, their lineal descendents, and other Native Americans.

If you are claiming preference, required documentation must be provided. Documentation must be provided at time of interview.

Name of Tribe: _____

Tribal membership Number: _____

Other Documentation: _____

HR Use Only

OFFICE ONLY:

****ATTACHED DOCUMENTS****

Yes: _____ No: _____