

FOR OFFICE USE ONLY

Eligible for rehire: \_\_\_\_\_ Eligible Class: \_\_\_\_\_

PLEASE MAKE SURE AND FILL OUT THIS FORM COMPLETELY. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED! ALL INFORMATION WILL BE VERIFIED.



EMPLOYMENT APPLICATION

Name: \_\_\_\_\_  
(Last) (First) (MI) (Birthday) (Social Security #)

Address: \_\_\_\_\_  
(PO Box # or Street) (City & State) (Zip Code)

Home Phone # \_\_\_\_\_ Message Phone # \_\_\_\_\_

In case of emergency notify: Name and Phone # \_\_\_\_\_

Are you enrolled in a federally recognized tribe: Yes No If yes: \_\_\_\_\_  
(IF YES PLEASE ATTACH PROOF OF ENROLLMENT TO APPLICATION)

Are you related to anyone in the department that you are applying for? If yes, name and how related? \_\_\_\_\_  
\_\_\_\_\_

Are you interested in a specific position? \_\_\_\_\_

Would you be interested in any position that is available? YES NO

Days Available: MON TUES WED THU FRI SAT SUN ALL

Shifts Available: DAY SWING GRAVE ALL

Physical History

Are you physically capable of being on your feet for 8 hours and working in a smoke-filled environment?  
YES NO

List Physical Limitations: \_\_\_\_\_

Date & Place of last physical: \_\_\_\_\_

Have you ever received Workmen's Compensation? \_\_\_\_\_ Have you ever been injured on the job? \_\_\_\_\_

Give the nature and extent of injury: \_\_\_\_\_

Veterans Status

Are you a Veteran? \_\_\_\_\_ Branch of Service: \_\_\_\_\_ Discharged Status: \_\_\_\_\_  
(If yes, please attach proof of discharge status)

Education

Circle Highest Grade Completed: High School: 1 2 3 4 GED Year Completed: \_\_\_\_\_  
Name of School & Address: \_\_\_\_\_  
College Attended: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_

General Information

Are you a U.S. citizen? Yes No

The Immigration Reform and Control Act of 1986 and Title VII of the Civil Rights Act of 1964 (as amended) Requires each applicant to complete form I-9, OMB No. 115-0136, along with an application.

You will be required to present

1) Driver's license or tribal id with picture 2) Birth certificate or social security card.

Have you ever been convicted of a misdemeanor? Yes No

List Charge, Date and Location: \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

List Charge, Date and Location: \_\_\_\_\_

Why would you desire to work for the Fort Randall Casino? \_\_\_\_\_

Licensing Information

PLEASE NOTE THAT YOU MUST APPLY FOR A GAMING LICENSE TO BE CONSIDERED FOR ANY CLASS II OR CLASS III POSITION AT THE CASINO. PLEASE MAKE SURE THAT THE BACK PAGE OF THIS FORM IS SIGNED BY A GAMING COMMISSIONER.

Have you ever filed an application for gaming license prior to this application? Yes No

If yes, state the approximate date: \_\_\_\_\_

Comments on above: (indicate the jurisdiction and final determination relating to your application): \_\_\_\_\_

Has your license or qualification status ever been revoked, suspended, or otherwise terminated: \_\_\_\_\_

Character References (Do not list relatives)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Months known: \_\_\_\_\_

.....  
Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Months known: \_\_\_\_\_

.....  
Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Months known: \_\_\_\_\_

I certify that this information is **ACCURATE & COMPLETE**. Giving incomplete or false information in an application for employment is a serious matter and is grounds for dismissal and forfeiture of related benefits. The Laws and Regulations applying to employment and hiring demand employer compliance.

I hereby acknowledge that the Fort Randall Casino may request to procure information regarding my character, general information, personal characteristics or mode of living. Information on the nature and scope of such inquiry, if one is made, will be available upon written request.

**Incomplete applications will not be considered for an interview**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, have submitted an application for employment with the Fort Randall Casino, Hotel & Travel Plaza. I hereby authorize the Fort Randall Casino, Hotel & Travel Plaza to contact past employers and references to verify the information I have submitted in my application for employment.

I understand that the Fort Randall Casino, Hotel & Travel Plaza will seek to verify the information I have submitted as well as seek information regarding length of previous employment, previous job performance and any other relevant information needed.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

## Skills & Experience

List job skills or work experience that you have acquired that you feel would be beneficial to the Casino.

Skill: \_\_\_\_\_

Skill: \_\_\_\_\_

Where acquired: \_\_\_\_\_

Where acquired: \_\_\_\_\_

Months/Years of experience: \_\_\_\_\_

Months/Years of experience: \_\_\_\_\_

Skill: \_\_\_\_\_

Skill: \_\_\_\_\_

Where acquired: \_\_\_\_\_

Where acquired: \_\_\_\_\_

Months/Years of experience: \_\_\_\_\_

Months/Years of experience: \_\_\_\_\_

## Employment Record (List ALL past jobs starting with most recent)

Are you presently employed? \_\_\_\_\_ May we contact your present employer? Yes No

Company Name: \_\_\_\_\_

Company Address and Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address and Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

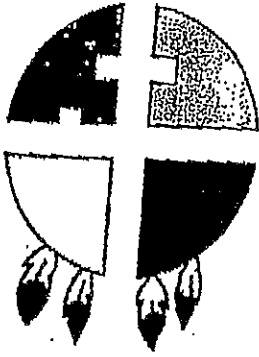
Company Name: \_\_\_\_\_

Company Address and Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_



# YANKTON SIOUX TRIBE

GAMING COMMISSION  
Box 77  
PICKSTOWN, SD 57367  
PHONE: (605) 487-7871 EXT. 411  
FAX: (605) 487-7116

## GAMING COMMISSION LICENSE VERIFICATION FORM

ANY APPLICANT APPLYING FOR A POSITION REQUIRING A GAMING LICENSE AT THE FORT RANDALL CASINO & HOTEL MUST BRING THIS FORM TO THE GAMING COMMISSION OFFICE AFTER COMPLETING THE EMPLOYMENT APPLICATION TO DETERMINE IF THE APPLICANT HAS A CURRENT GAMING LICENSE OR IS ELIGIBLE TO OBTAIN A GAMING LICENSE.

FRC POSITION APPLIED FOR: \_\_\_\_\_

\*\*\*\*\*  
APPLICANT HAS A CURRENT LICENSE:

CLASS II CLASS II KEY CLASS III GAMING CLASS III KEY PRIMARY MGMT.

APPLICANT'S LICENSE EXPIRES ON: \_\_\_\_\_

\*\*\*\*\*  
APPLICANT HAS SUBMITTED A COMPLETED APPLICATION AND IS ELIGIBLE FOR A:

CLASS II CLASS II KEY CLASS III GAMING CLASS III KEY . PRIMARY MGMT.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*(Applicants applying for non-gaming positions at the Fort Randall Casino & Hotel do not need to fill out this form to be eligible for employment in non-gaming positions)*

YST Gaming Commission

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