

HOPLAND SHO-KA-WAH CASINO

Employment Application

Federal Law requires that all applications be considered without regard to race, creed, color, sex, age or national origin. The Hopland Band of Pomo Indian Tribe is an Equal Opportunity Employer, subject to provisions of P.L. 93-638 Indian Preference Act.

PLEASE COMPLETE ALL SECTIONS (PRINT OR TYPE)

Applicant Information			
NAME (Last, First, Middle)	POSITION (S) APPLYING FOR:	DATE OF APPLICATION	
ADDRESS::	CITY	STATE	ZIP
PHONE:	SOCIAL SECURITY NO.	Are you 18 or older? Yes _____ No _____	
Are you a current or former employee of Sho-Ka-Wah Casino? Yes _____ No _____		If Yes, please give dates:	
Are you currently employed? Yes _____ No _____		If Yes, may we contact your present employer?: Yes _____ No _____	
If hired, will you be able to submit verification of your right to work in the U.S.? Yes _____ No _____		Are you a member of a Federally recognized Indian Tribe? Yes _____ No _____ If so, which tribe? _____	
Are you available to work? Full-time _____ Part-time _____ Shift _____		Are you on a layoff and subject to be recalled? Yes _____ No _____	
Are you related to anyone currently working at this casino? Yes _____ No _____		If so, please provide the following information: Name _____ Relationship _____	
Do you have a valid driver's license? Yes _____ No _____		If Yes, please complete this section: Driver's License No: _____ State _____	
Have you ever been convicted of a felony? Yes _____ No _____			
An affirmative answer will not automatically preclude you from employment, if yes please give details of the offense.			
Have you ever been convicted of a misdemeanor other than a minor traffic violation? Yes _____ No _____			
An affirmative answer will not automatically preclude you from employment, if yes please give details of the offense.			
Do you have any physical, mental or medical impairment or disability that would limit your ability to perform the duties of the position for which you are applying? Yes _____ No _____			
If yes, please explain.			

PROFESSIONAL TRADE, BUSINESS AND/OR CIVIC ACTIVITIES

Please list name of affiliation, organization and/or office held:

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience.

Please state any additional information you feel may be helpful to us in considering your application for employment. (Use additional sheets if necessary.)

PERSONAL REFERENCES

Please provide the following information for three references who are not related to you and who are not previous employers.

Name/Relationship	Address	City	State/Zip	Phone
Name/Relationship	Address	City	State/Zip	Phone
Name/Relationship	Address	City	State/Zip	Phone

EDUCATIONAL BACKGROUND

NAME OF HIGH SCHOOL	COMPLETE ADDRESS	LAST YEAR COMPLETED	DIPLOMA RECEIVED? Yes ___ No ___	DATES ATTENDED?

Describe course of study and any specialized training, apprenticeship, extracurricular activities or honors.

NAME ADULT EDUCATION	COMPLETE ADDRESS	LAST YEAR COMPLETED	DIPLOMA TYPE? GED ___ HSED ___	YEAR RECEIVED

Describe course of study and any specialized training, apprenticeship, extracurricular activities or honors.

VOCATIONAL TRAINING SCHOOL	COMPLETE ADDRESS	DATES ATTENDED?	DIPLOMA/DEGREE/CERTIFICATE Yes ___ No ___	COURSE OF STUDY

Describe course of study and any specialized training, apprenticeship, extracurricular activities or honors.

COLLEGE/UNIVERSITY NAME	COMPLETE ADDRESS	LAST YEAR COMPLETED	DEGREE RECEIVED? Yes ___ No ___	DATES ATTENDED

Describe any specialized internships, honors or awards:

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WORK EXPERIENCE: Please list your work history for the past 10 years, beginning with the most recent employer. Note all breaks in service. (Use additional sheets, if necessary.)

Company Name		Position		Dates Employed	
Supervisor	Address		City	State	Zip
Phone		Reason for Leaving			

Work performed:

Company Name		Position		Dates Employed	
Supervisor	Address		City	State	Zip
Phone		Reason for Leaving			

Work performed:

Company Name		Position		Dates Employed	
Supervisor	Address		City	State	Zip
Phone		Reason for Leaving			

Work performed:

Company Name		Position		Dates Employed	
Supervisor	Address		City	State	Zip
Phone		Reason for Leaving			

Work performed:

WORK EXPERIENCE CONTINUED – Please continue your work history during the past 10 years, noting any breaks in service.

Company Name		Position		Dates Employed	
Supervisor	Address		City	State	Zip
Phone			Reason for Leaving		

Work performed:

ACKNOWLEDGEMENT

I understand that nothing contained in the employment application, or in the granting of an interview, is intended to create an employment contract between the Hopland Sho-Ka-Wah Casino (HSC) and me 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 HSC.

I freely and voluntarily agree to submit to a drug screen as part of my pre-employment application to HSC. I understand that either refusal to submit to screening or failure to qualify according to the minimum standards established by the HSC for this screening may disqualify me from further consideration for employment. Further, I understand that any positive test results will be communicated in a confidential manner.

Statements made in this application will be verified by HSC, and I hereby give HSC the right to make a thorough investigation of my past employment, education, DMV (for transportation positions), and activities. I release from all liability all persons, companies and corporation supplying any information pursuant to such investigation. I indemnify against any and all liability which might result from such investigation. I agree that any information obtained by HSC will be held confidential from all persons, including me, except as required by law.

Additionally, I understand that any false answers or 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 employer. 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 a ninety (90) day introductory period and, further, that my employment is for no definite period of time. I understand that I have the right to terminate my employment at any time and the casino retains a similar right.

I certify that, if employed, I will abide by all casino rules and regulations. I certify that I have read the above and that the statements I have made on this application are true and correct.

**Please send to: Human Resources Department
Hopland Sho-Ka-Wah Casino
13101 Nokomis Road
Hopland, CA 95449**

Print Name

Applicant's Signature

Date

OPTIONAL PRE-EMPLOYMENT SURVEY

The Hopland Sho-Ka-Wah Casino is committed, in spirit as well as in action, to abide by all laws dealing with Equal Opportunity Employment. It is our policy to guarantee equal employment opportunities for all persons without regard to their age, race, creed, color, national origin, sex, mental or physical disability without creating undue hardship on the operation of the business or any other characteristic protected by law, except in regard to Native American preference.

In order to effectively monitor the success of our recruitment and employment efforts, you are invited to volunteer this information. The following information will be treated as confidential.

1. My sex is: Male Female 2. My race is: Native American or Alaskan Native; Tribe _____
 African American Caucasian Asian
 Hispanic Other _____

RECRUITMENT SURVEY: Please check those that apply.

- Press Democrat Ukiah Daily Journal Sho-Ka-Wah Website Cal Jobs Radio TV Friend Other _____