



Caddo Nation Office of Gaming Commission

A Caddo Nation Agency

Position: _____

Date available to start: _____

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Email Address: _____ Social Security No.: _____

Do you reside in the U.S.? Yes: No:

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Were you born in the U.S.? Yes: No:

Place of Birth: _____ Primary Language: _____
City State

All Languages Spoken & Written: _____

Driver's License: _____
City State

List any friends or relatives working for the Caddo Nation Office of Gaming Commission/Caddo Nation:

Are you legally eligible to work in the U.S.? Yes: No:

Will you work overtime if the job requires it? Yes: No:

If no, please explain: _____

Will you travel if the job requires it? Yes: No:

If no, please explain: _____

Will you relocate if the job requires it? Yes: No:

If no, please explain: _____

Can you, with or without reasonable accommodations, perform the essential functions of this job? Yes: No:

If hired, what salary do you expect to receive? \$_____ Yearly: Hourly: Monthly:

Job Skills

Skill Set: Specific Skill for Position	Last time used: Month/Date/Year	Ability: Novice/Advanced/Expert

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

If your work history does not reflect the past five (5) years, please fill out the remaining history on a separate sheet of paper or on the back of application.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list three professional references with at least one professional reference acquainted with applicant in the past five (5) years.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Emergency Contacts

Primary Contact:

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Secondary Contact:

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Criminal History

Have you ever been convicted of a felony or misdemeanor? Yes: No:

If yes, are you currently on probation? Yes: No:

Do you have any criminal charges against you? Yes: No:

Note:
A yes answer may not disqualify you for employment

If yes to either question above, please explain:

Indian Heritage

Preference for an employment shall be given to Caddo's and qualified Indian applicants.

Do you have a ***Certificate Degree of Indian Blood (CDIB) issued to you from a federally recognized Native American Tribe through the Bureau of Indian Affairs? Yes: No:

Please list all tribes listed on your CDIB card: _____

Blood Quantum: _____

***You will be requested to provide documentation of your CDIB card upon interview.

Consent and Release

Drug and Alcohol Screening Test Consent and Release

I, the applicant, hereby authorize the Caddo Nation to conduct a drug screen test as a requirement of employment. In applying for employment, I understand that a urine test will be administered as part of the pre-employment drug screening process to determine the presence of certain drugs and substances prohibited by the Caddo Nation policy, such as alcohol; illegal drugs; controlled substance; marijuana; mood or mind altering substances; "look alike" substances' designer or synthetic drugs; certain inhalants and unauthorized prescription drugs. I further understand that the presence of one or more of those drugs or substances may prevent my further consideration for employment. I understand that refusal to submit to the drug screening test will constitute voluntary withdrawal of my application for employment. I fully understand that should I be conditionally hired by the Caddo Nation prior to the results of the drug-screening test being known, my continued employment with the Caddo Nation is conditional upon passing the urine-screening test. If I should test positive on the urine drug screen, indicating the presence of a prohibited drug or substance, I further understand that I will be subject to immediate termination of employment. I authorize that the result of this urine drug screen test and/or alcohol test be given to the Caddo Nation or any of its agents. I also understand that after becoming an employee of the Caddo Nation I waive any rights of self-incrimination with respect to all the testing and further agree that if the Caddo Nation has probable cause, it has the right to request an alcohol test and/or drug screen at any time during my employment. I release and hold the designated review office, testing laboratory and medical facility harmless for release of this information. I also release and hold harmless the Caddo Nation; its directors, administrator, and executive department for the use of this information for employment purposes.

I agree to the above policy I disagree

Authority for Release of Information

I hereby authorize any investigator bearing this release, or a copy hereof, within one year of its date, to obtain any information relating to my activities from schools, credit bureaus, residential management agents, employers, criminal justice agencies or individuals. This information any include and is not limited to, academic; residential; achievement; performance; attendance; personal history; disciplinary; arrest or conviction records. I hereby direct the Caddo Nation to release such information upon request of the bearer. I understand that the information released is for official use and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities. I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, the Caddo Nation may contact me as indicated on my application.

I agree to the above policy I disagree

Privacy Act Notice

Authority for Collecting Information E.O. 10450; 5 USC 1303-1305, 42 USC 2165 and 2455; 22 USC and 2519; and 5 USC 3301 Purposes and Uses Information provided on this form will be furnished to individuals in order to obtain information regarding your activities in connection with an investigation to determine (1) fitness for employment, (2) clearance to perform contractual services, (3) security clearance or access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities. Effects of Nondisclosure Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance or access, or in the termination of your employment.

Privacy Act of 1974

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 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 Caddo Nation Office of 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 a tribe's being unable to hire you in a primary management official or key employee position. The disclosure of your Social Security Number (SSN) is voluntary; however, failure to supply a SSN may result in errors in processing your application.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. 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 (U.S. Code, Title 18, Section 1001).

Signature: _____ Date: _____