



EMPLOYMENT APPLICATION

Date of Application: _____

Applications that are incomplete will not be accepted. Any application that contains false information or if there is failure to accurately provide information requested will be immediately rejected for employment or if hired the employee will be terminated without notice.

PERSONAL INFORMATION

Name: _____ Telephone 1: _____
Last First Middle

Telephone 2: _____

Address: _____
City, State, and Zip Code

Current Mailing address if different than above: _____
PO Box or Street Address, City, State, Zip Code

Tribal Affiliation and Enrollment No.: _____

****Note: In order to recognize Indian Preference, applicant must provide copy of Tribal Enrollment Card or Certificate of Indian Blood Quantum of a Federally Recognized Tribe in accordance with Indian Preference Act of 1934 (25 USC 472) (PL 93-638) Tribal Preference.**

POSITION INFORMATION

Employment Location: TCCH LSC EDC Lodging Eagletown Market

Position Applying For: _____ Length of Experience: _____

Shift Preferred: Day Swing Grave Any

Employment Status Preference: Full-Time Part-Time Temporary Seasonal On-Call

GENERAL INFORMATION

Walk-In Employee Referral Advertisement Previous Employee Job Hotline Other

Do you have the legal right to remain in the U.S. to work? Yes No

Alien Registration 1-94 or Visa Number: _____

Have you ever been employed by an entity owned by the GTB? Yes No If yes, please list the following:

Last Name (during previous employment): _____ Position: _____ Supervisor: _____

Original Date of Hire: _____ Last Day Worked: _____ Are you over the age of 18? Yes No

Have you ever been convicted of a crime? Yes No If yes, what year? _____

Please explain: _____

EDUCATION

Name	City, State	Grade Completed	Graduate?
High School		<input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th	<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR	<input type="checkbox"/> Yes <input type="checkbox"/> No
G.E.D.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Training			

UNITED STATES MILITARY SERVICEBranch: _____ Rank: _____ Job/Type of Duty: _____ Reserve Status: _____

EMPLOYMENT RECORD: This section MUST be completed.

Company:	Job Title:
Address:	Start Date: End Date:
City, State, Zip:	Reason for Leaving:
Telephone No.:	Name While Employed:
Company:	Job Title:
Address:	Start Date: End Date:
City, State, Zip:	Reason for Leaving:
Telephone No.:	Name While Employed:
Company:	Job Title:
Address:	Start Date: End Date:
City, State, Zip:	Reason for Leaving:
Telephone No.:	Name While Employed:

Please indicate any special skills you may have that relate to the position you are applying for:

 Accounting Adding Machine Typing Dictating Machine Computer OtherDo you speak or write any foreign languages? Speak Write ReadDo you have friends and/or relatives employed by GTB? Yes No If yes, please indicate below:

NAME	RELATIONSHIP	JOB TITLE

Person to be notified in case of an Emergency:

Name Street Address City, State, Zip Telephone Number

******APPLICABLE FOR GAMING APPLICANTS ONLY********A GAMING LICENSE IS REQUIRED FOR EMPLOYMENT WITH OUR GAMING OPERATIONS. THE LICENSE MUST BE APPLIED FOR. THIS APPLICATION WILL RESULT IN AN EXTENSIVE BACKGROUND CHECK.**

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

I certify that the answers given by me to the above questions and statements are true and correct. I understand it is policy of the Grand Traverse Band Gaming Commission/Administration to consider all the information supplied by the applicant in addressing his or her qualifications for employment. In completing this application, I realize that my character, reputation for honesty, habits, ability, records of convictions and reasons for leaving employment may be investigated and that persons who know me now and/or my past may be contacted and questioned about me. I authorize anyone who may furnish any information concerning my character, habits, ability, criminal convictions, or reasons for leaving any employment shall not be responsible for any loss or damage that I may suffer in consequences thereof. It is also understood that application and/or employment history information will be shared and available to any and all GTB owned and operated entities for employment purposes I further agree that any information obtained from any source will be held confidential by the Gaming Commission/Administration from all persons except as required by law. I understand that any falsification, misinformation, or omissions on this application will be ground for termination. I understand that employment does not constitute a contractual relationship (expressed or implied) of any kind and that either the Gaming Commission/Administration or I may terminate my employment for any reason at any time. I understand that this agreement is not subject to oral or written change. I also understand and agree that my employment is for no definite period and may be terminated at any time without notice.

Applicant's Signature: _____ Date: _____