



EMPLOYMENT APPLICATION

[PLEASE PRINT CLEARLY]

198131 HWY 36 | DEVOL, OK 73531 | KIWOCASINO.COM/CAREERS | HR: 580-229-3527 | HR FAX 580-299-3490

PERSONAL INFORMATION

DATE: ____ / ____ / ____

NAME: _____ , _____ , _____ . _____
LAST FIRST MID INT JR, II, ETC

Can you provide proof that you are: Over Age 21? Yes No U.S. Citizen? Yes No

E-MAIL ADDRESS: _____ @ _____ . _____

CELL #: _____ ALTERNATE #: _____

CURRENT ADDRESS: _____
STREET APT. # CITY STATE ZIP CODE

Position/Pay Desired #1: _____ Position/Pay Desired #2: _____

How did you hear about this opening? _____ | Referral from? _____

List Any Friends/Relatives Working For Us: _____

Have You Worked Here Before? Yes No If Yes, When? _____

I Want To Work: Full-Time Part-Time If P/T, Ideal Days/Hours: _____

If Hired, What Date Can You Start? _____ | Have Reliable Transportation? Yes No

Will Work Overtime? Yes No | Will Travel? Yes No | Will Relocate? Yes No

Explain Any Answer Above Here: _____

Have you ever had a criminal warrant, arrested, &/or charged with a crime? Yes No If so, what was the outcome? If convicted of a felony or misdemeanor, sentence? (Note: Be Honest)

Please list any experience, skills, or qualifications you feel would apply to this specific position:

RECORD OF EMPLOYMENT: List present & past employment, beginning with your most recent. List full-time, part-time, self-employment, and any other paid work. Ideally, to cover 5+ years:

Business: _____ Supervisor: _____
Job Title: _____ Reason Left: _____
Address: _____
From (mo/yr): _____ To (mo/yr): _____ Phone: _____
Start Wage: \$ _____ Per Hr / Yr End Wage: \$ _____ Per Hr / Yr
Job Responsibilities:

Business: _____ Supervisor: _____
Job Title: _____ Reason Left: _____
Address: _____
From (mo/yr): _____ To (mo/yr): _____ Phone: _____
Start Wage: \$ _____ Per Hr / Yr End Wage: \$ _____ Per Hr / Yr
Job Responsibilities:

Business: _____ Supervisor: _____
Job Title: _____ Reason Left: _____
Address: _____
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Start Wage: \$ _____ Per Hr / Yr End Wage: \$ _____ Per Hr / Yr
Job Responsibilities:

Business: _____ Supervisor: _____
Job Title: _____ Reason Left: _____
Address: _____
From (mo/yr): _____ To (mo/yr): _____ Phone: _____
Start Wage: \$ _____ Per Hr / Yr End Wage: \$ _____ Per Hr / Yr
Job Responsibilities:

May We Contact The Employers Above? Yes No If No, Indicate Which One(s) Here:

PROFESSIONAL REFERENCES: Former management, co-workers, &/or vendors (no friends or family) that worked with you and know your abilities/work ethic from ongoing interactions.

	NAME	PHONE #	E-MAIL	JOB TITLE
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

PERSONAL REFERENCES: Friends or family that spend time with you regularly and know your abilities/work ethic from ongoing interactions.

	NAME	PHONE #	E-MAIL	RELATIONSHIP
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

EDUCATION: Completed in full, indicate any fields of study that directly relate to the position(s).

HIGH SCHOOL: _____ PHONE #: _____

ADDRESS: _____ GRADUATE? Yes No
STREET CITY / STATE / ZIP

From (mo/yr): _____ To (mo/yr): _____ Degree/Diploma: _____

COLLEGE: _____ PHONE #: _____

ADDRESS: _____ GRADUATE? Yes No
STREET CITY / STATE / ZIP

From (mo/yr): _____ To (mo/yr): _____ Degree/Diploma: _____

OTHER/SPECIFY: _____ PHONE #: _____

ADDRESS: _____ GRADUATE? Yes No
STREET CITY / STATE / ZIP

From (mo/yr): _____ To (mo/yr): _____ Degree/Diploma: _____

MILITARY SERVICE (If Discharged, Please Include Copy Of DD214)

Were You In The Armed Forces? Yes No If Yes, Which Branch? _____

Dates of Duty? From (mo/yr): _____ To (mo/yr): _____ Honorable? Yes No

Active Duty? Yes No Reserves? Yes No Primary Function: _____

INDIAN PREFERENCE: When applicable. Will be required to provide an official Tribal Enrollment Card or Tribal Photo ID. Attach copy of Indian Blood Quantum Certificate, if available.

Tribal Affiliation: _____ Enrollment #: _____ Blood Quantum: _____

APPLICANT'S CERTIFICATION & AGREEMENT (Please Read Carefully)

I hereby certify that the facts in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. All employment opportunities are contingent upon applicant's successful completion of a background investigation and reference check, as well as successful completion of a drug screen with negative results.

Applicant Signature: _____ Today's Date: ____/____/____

EEO INFORMATION (Optional)

Providing the following information will not influence the hiring process in any way or warrant approval or dismissal. All information is confidential and utilized for HR purposes only.

Kiowa Casinos, as per Federal Indian Preference Agreement and Kiowa Casinos' Tribal Preference Policy, gives preference to enrolled members of the Kiowa Tribe and then to enrolled members of other federally recognized Indian Tribes, with regard to hiring, promotion, and training programs, when the candidate is equally or more qualified than non-Native individuals.

Social Security Number: ____ - ____ - _____ Birth Date: ____/____/____ Gender: _____

Race: Asian American Indian Caucasian Hispanic/Latino Other: _____

Marital Status: Single Married Divorced Widowed Disabled: Yes No

Veteran: Yes No

DO NOT WRITE BELOW THIS LINE =====

Date Received: ____/____/____

Interview Results: _____

Interviewed: Yes No New: ____ Transfer: ____

Name: _____

Position: _____

F/T P/T Dept: _____

Drug Screen Date: ____/____/____

Generalist: _____ Date: ____/____/____

HR Director Review: _____ (Initial)