



# EMPLOYMENT APPLICATION

[ PLEASE PRINT CLEARLY ]

198131 HWY 36 | DEVOL, OK 73531 | [KIOWACASINO.COM/CAREERS](http://KIOWACASINO.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)

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

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**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: \_\_\_\_\_  
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:

\_\_\_\_\_  
\_\_\_\_\_

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
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From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

COLLEGE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ GRADUATE? ☐ Yes ☐ No

STREET	CITY / STATE / ZIP
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From (mo/yr): \_\_\_\_\_ To (mo/yr): \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

OTHER/SPECIFY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ GRADUATE? ☐ Yes ☐ No

STREET	CITY / STATE / ZIP
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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)