Are you claiming Native American Preference	?							
Yes Tribe	Enro	ollment Number			No			
Incomplete applications will not be considered				Date:				
Name (last, first, mi)	-	Social Security	y Number	Home Teleph	one Number	Alternate Tele	phone Number	
Street Address		•	City				State	Zip Code
Previous Address - if less than 5 years - use a	additional sheet	if necessary	City				State	Zip Code
							0	7. 0.1
Previous Address - if less than 5 years - use a	additional sheet	If necessary	City				State	Zip Code
Position(s) Desired			Are you at leas	st 18 years old?	?			
			_					
Have you ever applied for or held a job with P	rairie's Edge Ca	sino Resort or	Firefly Creek C	Yes asino?		No		
	Yes, applied		Yes, held a jok	,	What position?			
If employed, why do you want to change you				vork will you ac				
				Full Time	Part Time		Seasonal/Temp	5
What hours and days are you available to wor	·k?			on any shift as	assigned?		Yes	No
Machines operated, if applicable			Are you availa	ble to work ove	ertime, weekends	and holidays?	Yes	No
					_			
Other Salary/Wage Desired	Adding Machir	le	Calculator Date Available	to begin work	Computer			
s								
· · · · · · · · · · · · · · · · · · ·		Emp	loyment H	istory				
Give yo	ur past employn				employer (past fiv	/e years).		
			f you need more	-	an additional she	1		
Company Name & Address	Company Tele	phone Number		Mo/Yr Hired	Mo/Yr Left	Title and brief de	escription of dutie	es.
Supervisor's Name Reason for Leaving								
						-		
		-						
Company Name & Address	Company Tele	phone Number		Mo/Yr Hired	Mo/Yr Left	Title and brief de	escription of dutie	es.
	Supervisor's N	ame		<u>I</u>	ļ	1		
	Reason for Lea	aving				1		
					_			
Company Name & Address	Company Tele	phone Number		Mo/Yr Hired	Mo/Yr Left	Title and brief de	escription of dutie	es.
						ļ		
	Supervisor's N	ame						
						ł		
	Reason for Lea	aving						

		Education & Other Sk		1
Names of High School, Business			Complete if you	Complete if you DID NOT graduate:
School, Technical School or College		Major	graduated: Degree or	Last grade completed or Credit
			Certificate Received	Hours Received
List any special activities or honors.				
You may exclude activities or honors which in	ndicate sex, relig	gion, or national origin.		
		Reference		
		References	5	
List three non-related personal references		Name and Address		Name and Address
Name and Address		Name and Address		Name and Address
Telephone Number		Telephone Number		Telephone Number
Years Known		Years Known		Years Known
How do you know this person?		How do you know this person	?	How do you know this person?
1. Have you ever had any sickness, disease o	or injury that wo	l	n any work duties of any kind?	
			□ Yes	□ No
2. Are you currently receiving any disability b	enefit from any	source?		
			□ Yes	D No
3. I acknowledge that this position requires a	criminal backg	round investigation; therefore t	he following question is releva	nt.
Have you ever been convicted	of a felony?			
			Yes	No No
Applicant Agreement READ CARE	FULLY BEFOR	RE SIGNING		
1. I certify that the statements and information	n furnished by n	ne in this application are true a	nd correct and understand that	falsification
of such statements or information will resul	t in withdrawal	of the employment offer, or imm	nediate dismissal.	
2. I authorize investigation of my personal and			-	
3. I authorize investigation of all statements c				mmunity
All information concerning my previous emp	-		ay have, and release all parties	
from liability for any damage that may result			ion of Firothy Crook Pingor which	
 In consideration of my employment, I agree may require me to submit to any tests or example. 				
Sioux Community.		and any county and/or a mor	area examination requested by	oppo,

5. I understand and agree that, if offered employment, I will be required to show evidence that I am either a U.S. citizen or a legally	
employable alien.	
6. I realize that I cannot be employed by Firefly Creek Bingo if convicted of a felony within the last five years, or while	
employed.	
7. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of wages	
and salary, be terminated at any time without prior notice and without cause.	
3. I recognize that all records, documents, materials, lists, drawings, books, programs and all other property of Upper Sioux Community	
made by me are property of the Company exclusively.	
9. I understand that failing to disclose existing physical problems may jeopardize my potential to collect compensation for job related	
injuries.	
10. I understand that the Upper Sioux Community has its own workers compensation program not subject to Minnesota law and	
agree to the conditions of that program.	

Signature

Upper Sioux Community Employment Application

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