

SHOSHONE ROSE

CASINO & HOTEL

307 206-7023

P.O. Box 399, Lander WY, 82520

5690 Hwy 287

EMPLOYMENT APPLICATION

To be employed at this facility you need to be 18 Years of age, a Pre-Employment Drug Test and a Back Ground Check will be done prior to hiring.

PERSONAL

Resume Attached Yes No

Date _____

Name _____ Miss Ms. Mrs. Mr.

Are you at least 18 years of age? Yes No Are you 21 years of age or older? Yes No

Mailing Address _____

Street/P.O. Box

City

State

Zip

Telephone Number _____

Message Number _____

Are you an Enrolled Member? Yes No

Non Enrolled Member? Yes No

Tribal Affiliation _____

EMPLOYMENT DESIRED:

Positions Applied for Full Time Part Time Other **(Please be specific)**

Salary Desired _____ Date Available _____

Have you been employed by Shoshone Rose Casino & Hotel? Yes No If yes, Dates _____

Are you employed now? Yes No If so, may we contact your employer? Yes No

Do you have immediate family working for the Shoshone Rose Casino & Hotel? Yes No

If yes, what department(s)? _____

Have you ever been convicted of an Offense other than a minor traffic violation? Yes No

If yes, please provide Date(s) _____ Place(s) _____

Offense and disposition of Each _____

Previous convictions do not exclude an applicant from employment

Revised 12/2019

EDUCATION/TRAINING

High School diploma Yes No Name of School? _____ Year Graduated _____

GED or Equivalent Yes No Year earned _____

College Education AA/AS Degree _____ BA/BS Degree _____ Masters/Doctorate Degree _____

Name of College _____ Year graduated _____

EMPLOYMENT HISTORY

Employer _____ Dates: From _____ To _____

Address _____ Phone number _____
Street/P.O. Box City State Zip

Job Title: _____ Hourly Rate/Salary _____

Supervisor/Manager _____

Reason for Leaving _____

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Employer _____ Dates: From _____ To _____

Address _____ Phone number _____
Street/P.O. Box City State Zip

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Street/P.O. Box City State Zip

Job Title: _____ Hourly Rate/Salary _____

Supervisor/Manager _____

Reason for Leaving _____

MILITARY

Service Branch _____ Date Entered _____ Discharged _____

Rank _____ Specialty _____ Honorable Discharge? Yes No

Special Training _____

REFERENCES: List names and addresses of two persons not related to you

Name _____

Address _____
Street/P.O. Box City State Zip

Phone _____

Name _____

Address _____
Street/P.O. Box City State Zip

Phone _____

State additional comments you feel may be helpful in considering you application

AFFIDAVIT

Authorization is hereby given Shoshone Rose Casino and Hotel to request for any information necessary as provided in this application. I also authorize and request every person, firm, employers, schools, and any other organizations referred to in this application to provide such information, I hereby release such persons, firms, previous employers, schools, and any other organization and the Shoshone Rose Casino and Hotel from any and all liability whatsoever resulting from the release of this information.

I certify that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that misrepresentation or admission of facts called for in this application is cause for rejection of the application or separation from the Shoshone Rose Casino and Hotel if I am employed.

I have given this application true and correct information to the best of my knowledge which is necessary in arriving at an employment decision.

Signature _____

Date _____

The Shoshone Rose Casino and Hotel endeavors to provide an environment at its facilities wherein Human Dignity prevails and all employees and applications for employment receive equal consideration and treatment. No person is granted special privileges or consideration nor is employment or any fringe benefits arising out of employment given or withheld because of race, creed, color, or national origin, or because of age or sex. The Shoshone Rose Casino and Hotel is an Affirmative Action employer in the hiring of Veterans, Handicapped and Indian Preference.

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

APPLICATIONS WILL BE RETAINED IN THE HUMAN RESOURCE OFFICE FOR 6 MONTHS; UPDATES SHOULD BE DONE EVERY 3 MONTHS

