**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**. **Applicants for a Security Guard position must be at least 21 years of age.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Appling for: | | | Type of Employment  Full Time  Part Time  Other | | | | | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | 3. | |  | | | | | | |
| 2. |  | | | | | | | | | | 4. | |  | | | | | | |
| 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 08/2021**

**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 See Resume**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employer | |  | | | | | Dates: | | | *From* | |  | | | | To |  |
| Address |  | | | |  |  | |  | | | *Phone number* | | | |  | | |
|  | Street/P.O. Box | | | | City | State | | *Zip* | | |  | | | | | | |
| Job Title: |  | | | | | | | | *Hourly Rate/Salary* | | | | |  | | | |
| Supervisor/Manager | | | |  | | | | | | | | |  | | | | |
| Reason for Leaving | | |  | | | | | | | | | | | | | | |

**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 | | |  | | | | | | | | | | | | | | |

**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 | | |  | | | | | | | | | | | | | |

**Military**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service Branch | |  | | | | | | Date Entered | |  | | Discharged | |  |
| Rank |  | | | | Specialty |  | | | Honorable Discharge? | | | | Yes  No | |
| Special Training | | |  | | | | | | | | | | | |
|  | | | |  | | |  | | | | **Revised 08/2021** | | | |

**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

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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 herby 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 and 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 Revised 08/2021**

**For Personnel Department Use Only**

Application History/ Trainings Attended

Other information

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**Revised 08/2021**