



APPLICATION FOR EMPLOYMENT

Provide all information requested by typing or printing in ink. Please read carefully before you sign this application. False statements on this application shall be considered sufficient cause for termination of employment offer or preference. Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, religion, national origin, age, the presence of a disability, or status as a disabled or Vietnam-era veteran. Qualified Peoria Tribal Members and Native Americans are given hiring preference. This is a drug-free work environment.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Number & Street)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you an Enrolled member of the Peoria Tribe Of Indians Of Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled member of a Native American Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Person(s) To Contact In Case Of Emergency Name		Phone Number () -	

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Full-Time <input type="checkbox"/> Day Shift <input type="checkbox"/> Part-Time <input type="checkbox"/> Swing Shift <input type="checkbox"/> Temporary <input type="checkbox"/> Graveyard Shift <input type="checkbox"/> Rotating Shift
Will you be able to perform the duties of the position for which you are applying without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available

EDUCATION AND TRAINING

High School Graduate? Yes No ,Or General Education Test Passed? Yes No
 If no, check the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
 List Below College, Business School, Military, Etc. (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned			Grad. Yes/No	Degree Year	Major or subject Taken
		Quarter Hours	Semester Hours	Other			
	From						
	To						
	From						
	To						

Languages Read, Written or Spoken Fluently Other Than English

GAMING EXPERIENCE

- Cage / Vault _____ Years _____ Months
- Off-Track Betting _____ Years _____ Months
- Security / Surveillance _____ Years _____ Months
- Slot Attendants _____ Years _____ Months
- Technical _____ Years _____ Months
- Marketing / Guest Relations _____ Years _____ Months

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

Are you at least 18 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you EVER been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed by Buffalo Run Casino or Peoria Gaming Center?	<input type="checkbox"/> YES <input type="checkbox"/> NO
List relatives currently employed by Buffalo Run Casino or Peoria Gaming Center.	

WORK EXPERIENCE (Include voluntary work and military experience)

Employer	Telephone Number () -	From
Address		(Mo./Year)
Your Title	Number Employees Supervised	To
Specific Duties		(Mo./Year)
		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		

Employer	Telephone Number () -	From
Address		(Mo./Year)
Your Title	Number Employees Supervised	To
Specific Duties		(Mo./Year)
		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		

Employer	Telephone Number () -	From
Address		(Mo./Year)
Your Title	Number Employees Supervised	To
Specific Duties		(Mo./Year)
		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		

AFFIRMATION & CONSENT

I, _____, state under penalty of perjury that the entire Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a gaming license by the Peoria Tribe of Indians of Oklahoma and its agents and affiliates.

Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a gaming license or the revocation of the license. I am voluntarily submitting this application to the Peoria Tribe of Indians of Oklahoma and its agents and affiliates under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to The Indian Gaming Regulatory Act.

I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold a Peoria Tribe of Indians of Oklahoma Gaming License, and for 90 days following the expiration or surrender of such gaming license. I also agree that the Peoria Tribe of Indians of Oklahoma, its agencies, officers and assigns, shall be entitled to collect from me all expenses incurred in recovery of any debt created by this license application, or in pursuing any other remedy provided by law, including but not limited to reasonable attorney fees and costs.

Printed Full Legal Name

Signature

Date