

EMPLOYMENT APPLICATION



The Corporate Commission of the
Mille Lacs Band of Ojibwe Indians
DBA Grand Casino Mille Lacs/Hinckley

Date: _____

Last Name		First Name			Middle Name	
Have you ever worked or attended school under another name? If yes, Name:						
Present Address				City	State	Zip
Phone #		Alternate Phone #		Social Security #		

AMERICAN INDIAN PREFERENCE
(As an American Indian Preference employer, we ask that you please answer the following questions)
TRIBAL ID # MUST BE PROVIDED FOR YOU OR YOUR SPOUSE TO BE ELIGIBLE FOR THE AMERICAN INDIAN HIRING PREFERENCE

Are you a member of a federally recognized American Indian Tribe?	Which Tribe/Band are you enrolled with?	Please list your Tribal ID #:	Are you a husband or wife of an enrolled Mille Lacs Band Member?	Tribal ID # of husband or wife:
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	

OTHER INFORMATION

Do you have a right to remain and work permanently in the U.S.?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
18 years of age or older?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If hired you may be required to show legal proof of age			
Have you ever worked for:			
Grand Casino Mille Lacs <input type="checkbox"/>	Grand Casino Hinckley <input type="checkbox"/>	Corporate Commission <input type="checkbox"/>	Dates of employment: <input type="text"/>
Under What Name:		Department:	

EMPLOYMENT AVAILABILITY

Position (YOU MUST SPECIFY WHAT POSITION YOU ARE APPLYING FOR)									
Applying for:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Shift Preference:	Day <input type="checkbox"/>	Swing <input type="checkbox"/>	Grave <input type="checkbox"/>	Rotating <input type="checkbox"/>	
Please state days or time you cannot work					When are you available for employment?				

PREVIOUS EMPLOYMENT
Please list your most current and previous places of employment

Last or Present Employer	Address	City	State	Zip	Phone #
Supervisor's Name	Reason for Leaving	Dates Employed	Job Held		
Last or Present Employer	Address	City	State	Zip	Phone #
Supervisor's Name	Reason for Leaving	Dates Employed	Job Held		

PLEASE COMPLETE REVERSE SIDE

PREVIOUS EMPLOYMENT (continued)						
Last or Present Employer	Address	City	State	Zip	Phone #	
Supervisor's Name	Reason for Leaving	Dates Employed	Job Held			

EDUCATION												
High School	Graduated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	City	State	GED (obtained)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
								Expected Graduation Date				
EDUCATION												
College	Graduated	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	City	State	Degree (obtained)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
								Degree Type				
Major/Minor						Number of Years Attended		Expected Graduation Date				

PERSONAL INFORMATION										
Do you have a relative(s) in our employ? Yes <input type="checkbox"/> No <input type="checkbox"/>										
If Yes, Name(s):						Department & Position:				
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>										

PERSONAL REFERENCES					
Name		Name		Name	
Phone #		Phone #		Phone #	

NOTICE TO APPLICANTS AS REQUIRED BY THE FAIR CREDIT REPORTING ACT

As part of our employment process a routine inquiry may be made with respect to an applicant's credit status, character, general reputation, personal characteristics, and mode of living. Additional information as to the nature and scope of such a report, if made, will be provided upon written request of the applicant.

TITLE VII

Federal Law prohibits discrimination in employment because of race, religion, color, age, sex, national origin, or veteran status, disability or any other legally protected status, except as otherwise provided in the company's state tribal compact.

AGREEMENT

I certify that the statements I have made in this application are true, accurate and complete to the best of my knowledge. If employed, I agree to familiarize myself promptly with all Company rules and regulations and faithfully abide by them. **I understand that falsification or misrepresentation of any information** I have provided the Company may be cause for dismissal at any time during my employment. I authorize the Company to secure and review reports from previous employers, motor vehicle records (if job requires driving a vehicle) and law enforcement agencies acknowledging that the Company has no liability whatsoever for such review or utilization of such reports. I agree to submit proof of my age and my legal right to work before beginning employment with the Company. I understand that my filling out this application does not indicate there is a current job opening and does not obligate the Company to hire me. **I understand that I must be eligible for a gaming license through the Gaming Regulatory Authority of the Mille Lacs Band.** I also understand that the job offer is conditional upon passing an alcohol and drug test. I further understand that, if, hired my employment is for no definite period and may be terminated by the Company at any time without cause or reason.

Signature: _____ Date: _____

HUMAN RESOURCES USE ONLY

Date Received/Logged: _____ Date Returned for Required Information: _____

Eligible for Rehire: Yes No Date Eligible: _____ Signature: _____

Contacted: _____
 Date/Initials Date/Initials Date/Initials Date/Initials Date/Initials Date/Initials