



# MOLE LAKE

## CASINO • LODGE

### Sokaogon Gaming Enterprise Corp.

P.O Box 277 Crandon, WI 54520

Fax: 715-478-5745

Application for Employment

If more space is required for any section of this form, please use a separate piece of paper.

Last Name		First Name		M.I	Other Alias
Street Address		Apartment #	City	State	Zip Code
Home Phone # ( )		Best time to be reached		Sex (Optional): <input type="checkbox"/> Male <input type="checkbox"/> Female	
Alternate Phone # ( )		Best time to be reached		Ethnic Group (Optional): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
Social Security Number (Optional) _____ - _____ - _____		Position(s) Desired (be specific) _____ _____ _____		Days and hours you are available for work? Days? Yes <input type="checkbox"/> No <input type="checkbox"/> Nights? Yes <input type="checkbox"/> No <input type="checkbox"/> Weekends? Yes <input type="checkbox"/> No <input type="checkbox"/> Holidays? Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Other <input type="checkbox"/>	
How did you hear about this position(s)? <input type="checkbox"/> SGEC job posting <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____					
Are You Eligible to be Employed in the U.S.? (Proof of eligibility will be required prior to employment) Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Birth (Optional) : ____/____/____ MM / DD / Year		
<b>Sokaogon Gaming Enterprise Corp. extends preference in hiring to Native Americans with proper tribal documentation. Do you request consideration under this preference? Yes <input type="checkbox"/> No <input type="checkbox"/></b>					
Tribal affiliation _____			Enrollment Number _____ (Please attach a copy of your tribal ID card)		
Have you ever been previously employed by SGEC? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list dates: _____ to _____ Month/Year Month/Year					
Are you capable of performing all job requirements as listed in the job(s) description for which you have applied, with or without a reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If you served in the military, which branch? _____ Dates of Service: _____ **If you are a veteran, please provide a copy of DD214**					
Do you have a valid driver's license?		Yes <input type="checkbox"/> No <input type="checkbox"/>		License # _____	
Do you have reliable transportation?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have car insurance?		Yes <input type="checkbox"/> No <input type="checkbox"/>		What insurance company? _____	

## Employment History

Give accurate, complete full-time and part-time employment history. **Start with your present or most recent employer.**

(\*see resumé\* will not be accepted)

Company Name		Telephone Number ( )
Street Address		Dates of employment
City	State	Zip
		From _____ To _____ MM/Year MM/Year
Name of Supervisor	Phone #	Last Pay Rate
Reason for Leaving		
<b>State your job title and your duties/responsibilities:</b>		

Verified

Company Name		Telephone Number ( )
Street Address		Dates of employment
City	State	Zip
		From _____ To _____ MM/Year MM/Year
Name of Supervisor	Phone #	Last Pay Rate
Reason for Leaving		
<b>State your job title and your duties/responsibilities:</b>		

Verified

Company Name		Telephone Number ( )
Street Address		Dates of employment
City	State	Zip
		From _____ To _____ MM/Year MM/Year
Name of Supervisor	Phone #	Last Pay Rate
Reason for Leaving		
<b>State your job title and your duties/responsibilities:</b>		

Verified

Please list reason(s) for gaps in employment. **If never employed please write N/A.**

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Reference check and education verification may be conducted for employment purposes. Are there any employers you would **NOT** want us to contact? Yes  No

If yes, please explain why: \_\_\_\_\_  
 \_\_\_\_\_

### Education

Must be able to provide proof of education

Education	Name & Address	Years Completed	Certification/Degree	Course of Study
High School or Highest Grade Completed		9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	HSED <input type="checkbox"/> GED <input type="checkbox"/>	
College or University		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
Vocational-Technical				
Graduate or Other				

Note any other job-related education or training, life experiences, special skills, volunteer work, correspondence courses, etc. that may be applicable to the position(s) you are applying for.

\_\_\_\_\_  
 \_\_\_\_\_

### Background Information

This section must be answered before we can consider you for employment.

Have you ever been convicted of a felony? Yes  No

If yes, date convicted/case type: \_\_\_\_\_

Have you ever been convicted of a misdemeanor? Yes  No

If yes, date convicted/case type: \_\_\_\_\_

Do you currently have any pending/open criminal court case? Yes  No

Have you ever been charged of any other crime, **even if dismissed**? Yes  No

If you answered yes to any of the above questions, please explain in the space provided below.

\_\_\_\_\_  
 \_\_\_\_\_

References	Name: _____	Name: _____
Please list 2 references, not related to you, whom you have known for at least 1 year.	Address: _____	Address: _____
	Phone: _____	Phone: _____

Please Provide Previous Address (s) lived, within the past ten years.

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## ***PRIVACY NOTICE***

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation on this form is authorized by 25 U.S.C 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employees of the Sokaogon Gaming Enterprise Corporation (SGEC). The information will be used by SGEC staff who have need for the information in the performance of their official duties and may be disclosed to appropriate Tribal, Federal, State, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigation or prosecutions. Disclosure may also occur pursuant to a requirement of SGEC, in connection with the hiring or the firing of an employee, or the issuance or revocation of a gaming license, or investigation of activities while associated with SGEC. Failure to consent to the disclosures indicated in this notice will result in the rejection of your application for employment.

The disclosure of your Social Security Number (SSN) and Date of Birth (DOB) on the first page is voluntary. However, failure to supply a SNN and DOB may results in errors in processing your application.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, certify that answers given herein are true and complete.  
Initials

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby authorize all persons and entities to whom this release is presented, having information related to or concerning me, to furnish any and all such information to any agent of the Sokaogon Gaming Enterprise Corporation. This includes all information regarding my service, character and conduct while in their employ. Any reproduction of this release (whether photocopy, fax, or other process) shall be considered as valid as the original.

Employers' are hereby released from any and all liability, which may result from furnishing such information. This authorization is good for one year from the date below.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

In accordance with the Drug Free Work Place Act of 1988, all applicants/employees are required to comply with the Sokaogon Gaming Enterprise Corporation Drug & Alcohol Policy and Procedures.

The application will remain on file for 6 months from the date received. Any completed application submitted here after will replace and update any other application previously submitted.

All information gathered pursuant to the applicant/employee background investigation and/or decision in the application process is confidential and will not be released to anyone, including the applicant. This application becomes the property of the Sokaogon Gaming Enterprise Corporation. \_\_\_\_\_  
Initials

Please Print Your Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**DISCLAIMER:** SGEC will not be responsible for the completeness of this form. It is the applicant's responsibility to fill out the application form completely so that the Human Resource Office can ascertain pertinent information. If the applicants are screened out due to inadequate information, the decision is not subject to appeal.