



The Golden Eagle Casino with the employment rights ordinance of the Kickapoo Tribe in Kansas Indian Preference Policy will be utilized as follows: Kansas Kickapoo Tribal Members, other members of Native American Tribes, followed by all other applicants who meet minimum qualifications.

## Employment Application

Applicant Information					
Full Name:			Date:		
<i>Last</i>	<i>First</i>	<i>M.I.</i>			
Address:					
<i>Street Address</i>			<i>Apartment/Unit #</i>		
<i>City</i>		<i>State</i>	<i>ZIP Code</i>		
Phone: ( )	Message Phone		( )		
Date Available:	Social Security No.:		E-mail Address:		
Are you an enrolled member of a Native America Tribe? Yes <input type="checkbox"/> No <input type="checkbox"/> Tribe:					Enrollment #
Positions of Interest	1 <sup>st</sup> Preference	2 <sup>nd</sup> Preference		3 <sup>rd</sup> Preference	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the Golden Eagle casino?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Education					
High School/ GED		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
References					
<i>Please list three professional references.</i>					
Full Name:			Relationship:		
Company:			Phone: ( )		
Address:					
Full Name:			Relationship:		
Company:			Phone: ( )		
Address:					
Full Name:			Relationship:		
Company:			Phone: ( )		
Address:					

Previous Employment			
Company:	Phone: (    )		
Address:	Supervisor:		
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company:	Phone: (    )		
Address:	Supervisor:		
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company:	Phone: (    )		
Address:	Supervisor:		
Job Title:	Starting Salary: \$	Ending Salary: \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Military Service			
Branch:	From:	To:	
Rank at Discharge:	Type of Discharge:		
If other than honorable, explain:			
Disclaimer and Signature			
<p><b><i>I certify that my answers are true and complete to the best of my knowledge.</i></b></p> <p><b><i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i></b></p> <p><b><i>Incomplete application will not be processed until the applicant provides necessary information.</i></b></p>			
Signature:			Date: