



## Bear River Casino APPLICATION FOR EMPLOYMENT

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<b>Tribal Affiliation:</b>	<b>Roll #</b>	<b>Date</b>
Last Name	First Name	Middle Initial

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Mailing Address	Apt. #
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City	State	Zip
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Telephone Number (     )	Contact Number /Name (     )
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Position (s) Applied for

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Are you over 18? \_\_\_\_\_ Are you able to show proof that you can legally work in the United States? \_\_\_\_\_  
Are you able to read, write, speak and understand English? \_\_\_\_\_ Other languages? \_\_\_\_\_

Have you ever been convicted of a felony offense (including military)? \_\_\_\_\_  
(Conviction is not necessarily a bar to employment. Each case is given individual consideration based on the job-relatedness of the offense.)

Salary Desired: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Have you applied at Bear River Casino before? (Y/N) \_\_\_\_\_

If Yes, When \_\_\_\_\_ Department \_\_\_\_\_ Did a Bear River Casino  
employee refer you? (Y/N) \_\_\_\_\_ If Yes, state Name and relationship, \_\_\_\_\_

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<b>Education</b>	<b>Graduate (Y/N)</b>
High School	
College	
Trade School	
Other	

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**Employment History** Please start with your most current job and go back 10 years with your employment history. Extra pages may be attached as needed. Resumes and cover letter may also be attached.

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Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

Name of Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor \_\_\_\_\_

References: List 3 people you have known for a least a year, are unrelated to you. and who have knowledge of your work history.

Name	Business	Work Number	Years Known

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Areas of Special Interest \_\_\_\_\_

Areas of Special Skill \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_ Phone Number \_\_\_\_\_

**CERTIFICATION OF APPLICANT:** I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that with my signature, information may be obtained through an investigation regarding previous employment, educational background, references, and general information that may be in regards to the position for which am applying.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Notes: \_\_\_\_\_

Badge # \_\_\_\_\_