



100 KAWI PLACE, WILLITS, CA

PHONE: 707 459-7330

Thank you for applying for employment with Sherwood Valley Rancheria Casino.

In order to be considered for employment, you must complete and return the following:

1. Sherwood Valley Rancheria Casino Application for Employment

ALL INFORMATION MUST BE COMPLETE AND ACCURATE.

In accordance with Federal Law, all applicants for employment at the Sherwood Valley Rancheria Casino are hereby notified that they must agree to the **DRUG TEST POLICY** and pass a certified test prior to employment at the Casino. Applicants failing to take the test or receiving positive results will not be considered for employment.

Your employment is contingent upon a successful background investigation per the rules established by the Sherwood Valley Gaming Commission and the National Indian Gaming Commission.



APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Please Print

Position(s) applied for _____ Date of Application ___/___/___

Referral Source Advertisement Employee Relative Government Employment Agency

Walk-In Private Employment Agency Other _____

Name of Source (If Applicable) _____

Name _____

Last First Middle

Address _____ Social Security # ___/___/___

Street City State Zip

Telephone # () _____ Other Phone # () _____ E-Mail Address _____

If necessary, best time to call you at home is _____ : _____ AM / PM

May we contact you at work? Yes No

If yes, work number and best time to call() : _____ : _____ AM / PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If yes, give dates From ___/___/___ To ___/___/___

Are you legally eligible for employment in this country? Yes No

Date available for work ___/___/_____. What is your desired salary range? \$ _____

Type of employment desired: Full-Time Part Time Temporary

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation. Rehabilitation and position applied for will be taken into account.

Driver's License Number if driving is an essential job function _____ State _____

Employment history

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain gaps in employment in comments section below

EMPLOYER ()	TELEPHONE # ()	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
STARTING JOB TITLE/ FINAL JOB TITLE		Hourly Rate/Salary STARTING	
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
REASON FOR LEAVING		Hourly Rate/Salary ENDING	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> later		\$ PER	
EMPLOYER ()	TELEPHONE # ()	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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REASON FOR LEAVING		Hourly Rate/Salary ENDING	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> later		\$ PER	
COMMENTS INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT			

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background If Job Related

A. List at least three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable.)

A. SCHOOL	B. NUMBER OF YEARS COMPLETE	C. DEGREE OR DIPLOMA	D. GRADE CLASS/RANK	E. MINOR	E. MINOR

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three personal references who are not related to you.

Name	Telephone	NO. OF YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve National Guard or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, Veteran/Reserve National Guard or any other similarly protected status.

List any additional information you would like us to consider. _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with Sherwood Valley Rancheria Casino is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organization for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employee reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

Are you an enrolled member of any Indian Tribe Yes () No ()

If yes, please identify Tribe: _____

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ Date / / _____

Affirmative Action Voluntary Information

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ____ / ____ / ____ .

Referral Source

- Walk-in Government Employment Agency Private Employment Agency
 Employee Relative School
 Advertisement – Source _____ Other _____

Name of person who referred you (if applicable.) _____

Applicant Information

Name _____ Telephone # (____) _____

LAST FIRST MIDDLE

Address _____

STREET CITY STATE ZIP CODE

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic
 American Indian / Alaskan Native Asian / Pacific Islander

For Administrative Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

HIRED Yes No

Position hired for _____ Date of hire ____ / ____ / ____

Completed by _____ Date ____ / ____ / ____