	FOR OFFICE USE ONLY	
Eligible for rehire:	Eligible Class:	

PLEASE MAKE SURE AND FILL OUT THIS FORM <u>COMPLETELY.</u> INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED! ALL INFORMATION WILL BE VERIFIED.



EMPLOYMENT APPLICATION

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(PO Box # or Street) (City & State) Home Phone # Message Phone # In case of emergency notify: Name and Phone # Are you enrolled in a federally recognized tribe: Yes No If yes, which one: (IF YES PLEASE ATTACH PROOF OF ENROLI Are you related to anyone in the department that you are applying for? If yes, name that you are applying for? If	(Social Security #)	
Home Phone # Message Phone # In case of emergency notify: Name and Phone # Are you enrolled in a federally recognized tribe: Yes No If yes, which one: (IF YES PLEASE ATTACH PROOF OF ENROL). Are you related to anyone in the department that you are applying for? If yes, name and you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to anyone in the department that you are applying for? If yes, name you will need to		
Are you enrolled in a federally recognized tribe: Yes No If yes, which one:	(Zip Code)	
Are you enrolled in a federally recognized tribe: Yes No If yes, which one:		
Are you related to anyone in the department that you are applying for? If yes, nare YOU WILL NEED TO APPLY FOR A GAMING LICENSE WITH THE YST AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
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Veterans Status Are you a Veteran? Branch of Service: Discl (If yes, please att AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	me and how related?	
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(If yes, please att AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	1 10.	
Days Available: MON TUES WED THU FRI SAT S Shifts Available: DAY SWING GRAVE ALL AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
Days Available: MON TUES WED THU FRI SAT S Shifts Available: DAY SWING GRAVE ALL AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	ttach proof of discharge statu	
Shifts Available: DAY SWING GRAVE ALL AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	~~~~~~~~~	
Physical History Are you physically capable of labor-intensive work, ie. Being on your feet for 8 hosmoke-filled environment? YES NO List Physical Limitations:	SUN ALL	
Are you physically capable of labor-intensive work, ie. Being on your feet for 8 ho smoke-filled environment? YES NO List Physical Limitations:	^^^^^	
smoke-filled environment? YES NO List Physical Limitations:		
List Physical Limitations:	ours, heavy lifting, working in	
and a rade of tube physical.		
Have you ever received Workmen's Compensation? Have you ever been in	injured on the job?	

Education

Circle Highest Grade Completed: High School: 1 2 3 4	GED Year Completed:
Name of School & Address:	
College Attended:	Degree:Major:
^^^^^	^^^^^
General Inform	ation
Are you a U.S. citizen? Yes No The Immigration Reform and Control Act of 1986 and Title VII of each applicant to complete form I-9, OMB No. 115-0136, along via 1) Driver's license or tribal id with picture 2) Bin	with an application. You will be required to present
Have you ever been convicted of a misdemeanor? Yes	No
List Charge, Date and Location:	
Have you ever been convicted of a felony? Yes No	
List Charge, Date and Location:	
Why would you desire to work for the Fort Randall Casino?	
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
PLEASE NOTE THAT YOU MUST APPLY FOR A GAMIN CLASS II OR CLASS III POSITION AT THE CASINO. PLE THIS FORM IS SIGNED BY A GAM	ASE MAKE SURE THAT THE BACK PAGE OF
Have you ever filed an application for gaming license prior to t	his application? Yes No
If yes, state the approximate date:	
Comments on above: (indicate the jurisdiction and final determ	ination relating to your
application):	
Has your license or qualification status ever been revoked, susp	pended, or otherwise terminated:

Skills & Experience

List job skills or work experience that you have acquired that you feel would be beneficial to the Casino.

Skill:		Where acquired:			
Where acquired:					
Months/Years of experience:					
Skill:		Skill:			
Where acquired:		Where acquired:			
Months/Years of experience:		Months/Years of experience:			
^^^^^^		^^^^^	^^^^	^^^^^	
Employment	t Record (List AL)	L past jobs starting with most recen	nt)		
Are you presently employed?	May we d	contact your present employer?	Yes	No	
Company Name:					
Company Address and Phone #:					
Position:	Salary:	Date: From	to		
Duties:					
•	Reason for Leaving:				
Company Name:					
Company Address and Phone #:					
Position:					
Duties:					
Supervisors Name:	Reason for Leaving:				
Company Name:					
Company Address and Phone #:					
Position:		Date: From	to		
Duties:					
upervisors Name: Reason for Leaving:					

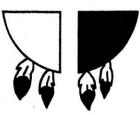
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Character References (Do not list former employers or relatives)

Name:	Occupation:
Address:	
Phone #:	Months known:
•••••	
Name:	Occupation:
Address:	
Phone #:	Months known:
•••••	
Name:	Occupation:
Address:	
Phone #:	Months known:
•	ACCURATE & COMPLETE. Giving incomplete or false information in an
application for employment is	serious matter and is grounds for dismissal and forfeiture of related benefits. The
Laws and Regulations applying	to employment and hiring demand employer compliance.
I hereby acknowledge that the	ort Randall Casino may request to procure information regarding my character,
general information, personal c	aracteristics or mode or living. Information on the nature and scope of such
inquiry, if one is made, will be	vailable upon written request.
Incomp	ete applications will not be considered for an interview
Applicant's signature	Date
AU	THORIZATION TO RELEASE INFORMATION
I,	, have submitted an application for employment with the Fort Randall
Casino, Hotel & Travel Plaza.	hereby authorize the Fort Randall Casino, Hotel & Travel Plaza to contact past
employers and references to ve	ify the information I have submitted in my application for employment.
I understand that the Fort Rand	ll Casino, Hotel & Travel Plaza will seek to verify the information I have
submitted as well as seek information	nation regarding length of previous employment, previous job performance and
any other relevant information	eeded.
Applicant	
1 applicant	Date



YANKTON SIOUX TRIBE



Gaming Commission Box 77 Pickstown, SD 57367 Phone: (605) 487-7871 Ext. 411 FAX: (605) 487-7116

GAMING COMMISSION LICENSE VERIFICATION FORM

ANY APPLICANT APPLYING FOR A POSITION REQUIRING A GAMING LICENSE AT THE FORT RANDALL CASINO & HOTEL MUST BRING THIS FORM TO THE GAMING COMMISSION OFFICE AFTER COMPLETING THE EMPLOYMENT APPLICATION TO DETERMINE IF THE APPLICANT HAS A CURRENT GAMING LICENSE OR IS ELIGIBLE TO OBTAIN A GAMING LICENSE.

		OR:		
	• • • • • • • • • • • • • • • • • • • •	••••••		******************
APPLICA	NT HAS A CURRE	ENT LICENSE:		,
CLASS II	CLASS II KEY	CLASS III GAMING	CLASS III KEY	PRIMARY MGMT.
		CPIRES ON:		
APPLICA	NT HAS SUBMIT	TED A COMPLETED A	PPLICATION ANI) IS ELIGIBLE FOR A:
CLASS II	CLASS II KEY	CLASS III GAMING	CLASS III KEY	PRIMARY MGMT.
COMMEN	/TS:			
				•••••
(Applicants	s applying for non-g		ort Randall Casino &	& Hotel do not need to fill out
Y	ST Gaming Comm	ission		Date