



Date

Time

Name: _____ Telephone: (____) _____

Mailing Address: _____

E-Mail Address: _____ Cell #: (____) _____

Position(s) Applying For: _____

Are you of legal age to serve alcoholic beverages in the state of Iowa? () Yes () No

Are you eligible to receive any and all permits/licenses required? () Yes () No

Are you an enrolled tribal member? () Yes () No If so, please provide your CDIB No. _____ and attach a copy of your Tribal Enrollment ID or Certificate.

Preference will be given to qualified candidates who are enrolled members of the Ponca Tribe of NE or qualified candidates who are enrolled members of a federally recognized Indian Tribe.

Employment History

Starting with your most recent employer, provide the following information

Employer: _____ Telephone: (____) _____

Employer's Address: _____

Dates Employed: From _____ to _____ Rate of Pay: _____

Position Held: _____ Supervisor: _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Telephone: (____) _____

Employer's Address: _____

Dates Employed: From _____ to _____ Rate of Pay: _____

Position Held: _____ Supervisor: _____

Duties: _____

Reason for Leaving: _____

What Source referred you to the company? _____

Have you ever been employed here before? () Yes () No

If yes, gives dates, positions held and reason for leaving.

Driver License Number: _____

State of Issuance: _____

Answering "yes" to the following question 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.

Have you ever been convicted of a felony or misdemeanor? () Yes () No

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Degrees/licenses held: _____

Name of Last School Attended: _____

Other training or Trade Schools: _____

Which computer programs can you operate? _____

Which language(s), other than English, can you speak fluently? _____

Other knowledge/skills/abilities: _____

Are you able to perform the essential function(s) of the job for which you are applying, with or without reasonable accommodations? () Yes () No

If no, describe the function that cannot be performed: _____

ACKNOWLEDGEMENT

I certify that the statements I have made on this application are true and correct. I understand that any misrepresentations made in this application will be sufficient cause for denial of employment or discharge. I understand that nothing contained in this application, or granting of an interview, is intended to be a contract of employment. I certify that if employed by Ponca Flower Casino, I will abide by all company rules and regulations.

I authorize Ponca Gaming to investigate my background to determine my suitability for employment and to use any information lawfully obtained for any employment related purposes permitted by law. This investigation may include checking with schools and employers I have identified, reviewing criminal convictions and driving records, and any other relevant information about me. I release and waive any claims I have against and indemnify the Ponca Gaming and any of the schools former employers and other persons or entities for a ny loss or injury I may sustain as a result of any disclosure made related to this information.

I understand that this application remains current for only 90 days. If I have not heard from the employer and still wish to be considered for employment it will be necessary to fill out a new application.

I also understand that if I am hired, I agree to a pre-employment drug and alcohol screening. I will be required to provide proof of identity and legal authorization to work in the United States.

I hereby understand and acknowledge, that, unless otherwise defined by applicable law, any employment with the Ponca Tribe and any of its enterprises; is of an "at will" nature, which means that the employee may resign at any time and that the employer may discharge the employee at any time with oy without cause.

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

Signature

Date