



TRIBAL GAMING COMMISSION APPLICATION FOR EMPLOYMENT



PCI Tribal Gaming Commission * Highway 21; Atmore, AL 36502 * Main: (251) 368-1811 * Fax: (251) 446-9549

Applying for: Regular Full-Time Regular Part-Time

Position(s) applying for: 1. _____ 2. _____

PERSONAL INFORMATION —————

Social Security Number: _____

Full Name: _____
First
Initial
Last

Address: _____
Mailing Address

City
State
Zip Code

Daytime phone number: (_____) _____ Evening phone number: (_____) _____

- Are you an enrolled member of the Poarch Band of Creek Indians? Yes No Roll Number: _____
- Are you a First Generation descendant of a PCI Tribal Member? Yes No
- Are you an enrolled member of another Federally recognized tribe? Yes No If yes, which Tribe: _____
- Are you the spouse of a PCI Tribal Member? Yes No If yes, please indicate who you are married to.
 _____ *(A marriage license will be required as proof to qualify for employment preference)*
- Do you have any immediate relatives, potential relatives, household members, or have direct association with other Tribal Gaming Commission and PCI Gaming Authority employees? Yes No
 If yes, list name(s) _____
- Have you ever completed an application with the Tribal Gaming Commission or a Tribal Enterprise before? Yes No
 If yes, give date: _____
- Have you ever been employed with the Tribe? Yes No If yes, give date: _____
- Are you willing to travel and participate in training? Yes No
- Do you have the legal right to work in this country? Yes No
- Are you willing to work odd and irregular hours if required? Yes No

EDUCATION	Name & Location	Course of Study	Number of Mos./Yrs. Completed	Did You Graduate?	Degree or Diploma
High School	_____	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
College or University	_____	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business, Trade, or Technical	_____	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Post Graduate	_____	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO	

If you did not receive a high school diploma, did you receive the following: (please check appropriate box)

GED Certificate

On what date did you receive your GED Certificate? _____
At what testing center? _____

In process with GED Certificate

It is the procedure of the PCI Gaming Authority to accept all versions of the General Education Diploma, for all positions with the stipulation that the GED is accredited from the Southern Association of Colleges and Schools.

If you have not completed your GED, it must be obtained (taken and successfully passed) from an accredited program within the first six (6) months of the start date as a condition of continued employment.

Please acknowledge reading this paragraph with your initials _____.

List any skills, knowledge, experience, or other relevant qualifications that demonstrate your ability to meet the qualifications of the applicable you are seeking (i.e. computer skills, certificates, financial, security, light/heavy equip., welding, etc.):

DRIVERS LICENSE INFORMATION	State	License Number	Expiration Date	CDL Endorsement

MILITARY EXPERIENCE	Were you a member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Branch	Dates of Duty

EMPLOYMENT HISTORY

Please provide your complete employment history. Attach additional sheets as needed. See resume will ONLY BE ACCEPTED IF INFORMATION REQUESTED IS FOUND ON YOUR RESUME.

1	Company name	Telephone ()
	Street address	
	City	State Zip Code
	Employed from month/year	Employed to month/year
	Name of supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for leaving	
	Job title	Annual Salary or Hourly Rate
	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long did you supervise?
	Description of work	
	<hr/> <hr/> <hr/> <hr/>	
2	Company name	Telephone ()
	Street address	
	City	State Zip Code
	Employed from month/year	Employed to month/year
	Name of supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for leaving	
	Job title	Annual Salary or Hourly Rate
	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long did you supervise?
	Description of work	
	<hr/> <hr/> <hr/> <hr/>	
3	Company name	Telephone ()
	Street address	
	City	State Zip Code
	Employed from month/year	Employed to month/year
	Name of supervisor	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for leaving	
	Job title	Annual Salary or Hourly Rate
	Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long did you supervise?
	Description of work	
	<hr/> <hr/> <hr/> <hr/>	

REFERENCES

*** Please list three persons who are not related to you.***

1. _____ (_____)
NAME TELEPHONE

ADDRESS YEARS KNOWN

2. _____ (_____)
NAME TELEPHONE

ADDRESS YEARS KNOWN

3. _____ (_____)
NAME TELEPHONE

ADDRESS YEARS KNOWN

Additional references may be requested if necessary.

FOR HUMAN RESOURCES USE ONLY

SPECIFIC QUESTIONS

The questions below **must** be completed if you are applying for a position with any Tribal Enterprise. If they are not answered, you will not be considered for the position. The requirement that you must meet the suitability requirements of Public Law 101-630 will be reflected on the job announcement of the position being advertised.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you 21 years old or older?* | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If no, are you at least 18 years old?
a. <i>(The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can you provide proof of age if require | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If applicable for position, are you fluent in any language(s) other than English?
a. If yes, what language(s): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If applicable for position, are you able to lift: _____25 lbs_____50 lbs. _____75 lbs.
_____100 lbs. _____150 lbs. | | |
| 6. Are you able to work in a smoking environment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you able to stand for long periods of time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been convicted of a misdemeanor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |

Conviction will not necessarily disqualify an applicant from employment. If you checked yes to question 8 and/or 9, please explain. (Additional paper may be used if necessary.)

(Please proceed to the next page of the application)

AUTHORIZATION & SIGNATURES

The following statements are part of this application. Read them carefully and sign below.

1. APPLICATION CERTIFICATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application are grounds for dismissal.

2. AGREEMENT TO TESTING

I understand and agree that I may be required to submit to test(s), i.e. oral, written, physical, manual or any combination of these as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Tribe and to release the Tribe, its directors, officers, agents or employees from any claim arising in connection with the use of such tests(s).

3. DRUG TESTING

I accept the conditions for consideration of employment and I consent to the requirements of a urine, swab, or any other type of drug test per the Poarch Band of Creek Indians Drug-Free Workplace Policies and Testing Guidelines/Procedures. I agree to submit to a swab, urine, or any other type of drug test, and I authorize the testing facility to provide the results of this test to the Poarch Band of Creek Indians. I consent freely and voluntarily to the Poarch Band of Creek Indians request for a saliva, urine, or any other type of sample and hereby release and hold harmless the Poarch Band of Creek Indians, its employees, agents, directors, and officers from any liability whatsoever arising from this request to furnish a sample, the testing of my sample, and any decision made concerning my application for employment based upon the results of the test. I further understand that if employed, I am subject to random, post-accident, and reasonable suspicion drug and/or alcohol testing.

4. AUTHORIZATION AND RELEASE

I authorize investigation of all statements contained in this application and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have. I authorize the verification of licenses and/or certificates that may be required for the position I am being considered for. By signing below, I grant permission to release information to the Poarch Band of Creek Indians, relating to my work, academic experience and/or driving record. I further understand that information obtained may be used by the Tribe, in its sole discretion and without liability, to determine eligibility for initial employment. I am willing that a photocopy or faxed copy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request.

I authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, county association or institution having control of any documents, records or other information pertaining to me, to furnish to the Police Chief of the Poarch Creek Tribal Police Department and/or the Poarch Creek Indians Human Resources Department any documents or records pertaining to any criminal offense that I may have committed.

I hereby release, discharge, and exonerate the Police Chief of the Poarch Creek Tribal Police, its agents and representatives, the Poarch Creek Indian's Human Resources Department, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or information requested.

I have read items 1, 2, 3, & 4 above and acknowledge, agree, and consent to all terms and conditions therein.

PRINTED APPLICANT NAME

APPLICANT SIGNATURE

DATE