

Application for Employment



Applicants are considered for all positions without regard to race, color, creed, religion, gender, national origin, age, marital status, disability, sexual orientation or status with regard to public assistance.

Name: _____

(PLEASE PRINT) First Middle Last

Address: _____

Street City State Zip

Social Security Number: ____/____/____ Date: ____/____/____

Home Phone: (____) ____-____ Other Phone: (____) ____-____

Department Applying For: Casino Hotel Restaurant

Position(s) Applied For: _____

Status Applying For: Full-Time Part-Time Temporary Date Available: _____

AVAILABILITY

What is your Availability for work? Write in the time periods you can work.

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------------|--------|--------|---------|-----------|----------|--------|----------|
| I can work - | | | | | | | |

I am willing to work: Holidays Overtime Night Shift (10p-6a)

- Yes No Do you have a current South Dakota Gaming License? If yes,
 Key License Support License
- Yes No To Conform with all State and Federal Laws related to Gaming and Alcohol, are you over the age of 21?
- Yes No Have you filed an application here before? If yes, give date _____
- Yes No Have you previously been employed by the Lodge at Deadwood? If yes, give date _____
- Yes No Are you presently on a lay off and subject to recall?
- Yes No Does your Visa or Immigration status prevent you from lawfully becoming employed in this country?
 (Proof of citizenship or immigration status is required upon employment.)
- Yes No How were you referred to us? _____
- Yes No Have you been convicted of a crime in the last 7 years?
 If yes, please explain: _____

EDUCATIONAL BACKGROUND

| | Name of School | Location | Years Completed | Major & Degree |
|--------------------------|----------------|----------|-----------------|----------------|
| High School | | | | |
| College | | | | |
| Business or Trade School | | | | |
| Professional School | | | | |

PROFESSIONAL REFERENCES - list three people not related to you and not past supervisors

| Name | Address | Business | Years Known | Phone |
|------|---------|----------|-------------|-------|
| | | | | |
| | | | | |
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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer employment.
 Exclude organization names which indicate race, color, religion, sex or national origin.

| | | | | |
|-----------------------------|--------------|--|--------------|-------------|
| Starting Date: | Ending Date: | Starting Wage: | Ending Wage: | Hours/Week: |
| Your Title: | | May we contact your present employer? Yes No | | |
| Present/Last Employer Name: | | Address: | | Phone: |
| Supervisor Name & Title: | | Reason for Leaving: | | |
| Job Duties (Be specific): | | What did you like MOST about your position? | | |
| | | What did you like LEAST about your position? | | |

| | | | | |
|---------------------------|--------------|--|--------------|-------------|
| Starting Date: | Ending Date: | Starting Wage: | Ending Wage: | Hours/Week: |
| Your Title: | | May we contact your past employer? Yes No | | |
| Past Employer Name: | | Address: | | Phone: |
| Supervisor Name & Title: | | Reason for Leaving: | | |
| Job Duties (Be specific): | | What did you like MOST about your position? | | |
| | | What did you like LEAST about your position? | | |

| | | | | |
|---------------------------|--------------|--|--------------|-------------|
| Starting Date: | Ending Date: | Starting Wage: | Ending Wage: | Hours/Week: |
| Your Title: | | May we contact your past employer? Yes No | | |
| Past Employer Name: | | Address: | | Phone: |
| Supervisor Name & Title: | | Reason for Leaving: | | |
| Job Duties (Be specific): | | What did you like MOST about your position? | | |
| | | What did you like LEAST about your position? | | |

| | | | | |
|---------------------------|--------------|--|--------------|-------------|
| Starting Date: | Ending Date: | Starting Wage: | Ending Wage: | Hours/Week: |
| Your Title: | | May we contact your past employer? Yes No | | |
| Past Employer Name: | | Address: | | Phone: |
| Supervisor Name & Title: | | Reason for Leaving: | | |
| Job Duties (Be specific): | | What did you like MOST about your position? | | |
| | | What did you like LEAST about your position? | | |

Special Skills and Qualifications - Summarize any special skills and qualifications from employment or other experiences.

I certify that all information I have provided is true, complete and correct. If any information provided is falsified, my application will be eliminated from consideration or grounds for dismissal. This application does not constitute an agreement or contract for employment for any specified period. I authorize investigation of all information herein and release the company from all liability that may result.

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

Signature of Applicant: _____ Date: ____/____/____