



Location Preference:

- Apache Gold Casino Resort
 Apache Sky Casino

**Human Resource Department
 PO Box 1210
 San Carlos, AZ 85550**

Date _____

Applicants Full Name: Last First Middle

Mailing Address: Street or Box # City State Zip

Residential Address (If different from mailing address):

Telephone No: () - Social Security No: - -

Date of Birth: / / Are you legally eligible for employment in this country?
 Yes No

Gender: Male Female Driver License No: State Issued:

Have you ever been known by or used any other name, alias, nickname, etc?

List Name(s):

Are you a tribal member? Yes No If yes, Tribe Name: Enrollment #:

Have you ever been convicted of, or currently being prosecuted for a felony? Yes No
 If yes, give details; list the charge, date, city, state(s) of the courts involved, and the disposition.

Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever. **(EXCEPT FOR MINOR TRAFFIC VIOLATIONS)** regardless of the disposition of the event? * Yes No
 If yes, give details, list the charge, date, city, state(s) of the courts involved, and the disposition.

* A yes answer will not automatically disqualify you from employment. We will consider the nature and date of the offense, and the job for which you are applying for job related purposes only, and only to the extent permitted by applicable law.

POSITION DESIRED

Position Title:	Date available for work:	Hourly Rate/Salary desired:

Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Hours you are available for work: Days of week you are available to work:
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Are you able to work, Weekends* Yes No Nights* Yes No Holidays* Yes No

* If required for the position for which you are applying

Are you available to work overtime? Yes No

Do you have any household member(s) currently working for this company? Yes No If so, name of member(s) and department: _____

Have you previously worked for this company? Yes No If so, From _____ To: _____
Reason for leaving? _____
Former Supervisor(s) Name(s): _____

How did you learn about this opening: Human Resource Office Newspaper Friend
 Other _____

EDUCATION

High School Name:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Graduated: / /	Course of Study:
Technical School Name:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Graduated: / /	Course of Study:
College/University Name:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Graduated: / /	Course of Study:

Other special skills, education or training: _____

MILITARY EXPERIENCE

Branch of Service:	Dates Served:	Rank of Discharge:
Education and Training: _____		

WORK EXPERIENCE

Please list all previous employment, beginning with the most recent. If you need more room you may attach a sheet of paper.

EMPLOYER:	Address:		
Dates: From: _____ To: _____	Position Held:	Reason for Leaving:	
Supervisor's Name, Title, & Phone Number:	May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Duties: _____			
Starting Pay Rate/Salary:		Final Pay Rate/Salary:	

EMPLOYER:	Address:		
Dates: From: _____ To: _____	Position Held:	Reason for Leaving:	
Supervisor's Name, Title, & Phone Number:	May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Duties: _____			
Starting Pay Rate/Salary:		Final Pay Rate/Salary:	

EMPLOYER:		Address:	
Dates: From: To:	Position Held:	Reason for Leaving:	
Supervisor's Name, Title, & Phone Number:		May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Starting Pay Rate/Salary:		Final Pay Rate/Salary:	

EMPLOYER:		Address:	
Dates: From: To:	Position Held:	Reason for Leaving:	
Supervisor's Name, Title, & Phone Number:		May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Starting Pay Rate/Salary:		Final Pay Rate/Salary:	

EMPLOYER:		Address:	
Dates: From: To:	Position Held:	Reason for Leaving:	
Supervisor's Name, Title, & Phone Number:		May we contact for reference: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Starting Pay Rate/Salary:		Final Pay Rate/Salary:	

Comments (including explanation of any gaps in employment)

Bilingual? Yes No
If Yes, language(s) spoken:

REFERENCES

List name, address and telephone number of work references that are not related to you.

Name	Address	Telephone	Years Known
		Area Code ()	
		Area Code ()	
		Area Code ()	
		Area Code ()	
		Area Code ()	

Email Address: _____

Please indicate if you prefer to receive notification via email. Yes No

AUTHORIZATION AND ACKNOWLEDGEMENTS

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

I authorize an investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice.

Applicant
Signature: _____ Date: _____

Applicant Name: _____
(Please Print) (Last Name) (First Name) (Middle Name)