

HON-DAH RESORT, CASINO AND CONFERENCE CENTER

(Herein referred to as 'The Company')

Personnel Department

777 Highway 260

Pinetop, Arizona 85935

APPLICATION FOR EMPLOYMENT

1. Read all instructions carefully. (Please Print or Type)
2. Fill in all areas requested: if NOT APPLICABLE, write N/A. Do not leave any spaces blank.
3. Type or Print information and fill in information neatly and accurately.
4. This application is not an employment contract. False or misleading statements on this application or during the interview are grounds for termination.

INCOMPLETE APPLICATIONS WILL BE DELAYED AND MAY AFFECT YOUR CHANCES FOR EMPLOYMENT.

ASSISTANCE

ASSISTANCE IN FILLING OUT THIS APPLICATION IS AVAILABLE THROUGH THE HON-DAH CASINO, PERSONNEL DEPARTMENT.

1. POSITION(S) APPLIED FOR: _____ DATE: _____

2. NAME (Last, First, Middle): _____

3. ADDRESS (P.O. Box number/Street/Apt. No.): _____

4. CITY, STATE, ZIP CODE _____

5. COMMUNITY YOU LIVE IN: _____

PHYSICAL ADDRESS: _____

6. PHONE NUMBERS (Home, Work, Message): _____

7. ENROLLED MEMBER OF **WHAT TRIBE** : _____

8. HAVE YOU EVER FILED AN APPLICATION WITH HON-DAH RESORT & CASINO BEFORE?

YES NO IF YES, GIVE DATES: _____

9. **HAVE YOU EVER BEEN EMPLOYED WITH HON-DAH RESORT & CASINO BEFORE?**

YES NO IF YES, GIVE DATES AND UNDER WHAT NAME: _____

10. HAVE YOU EVER USED ANOTHER NAME?

YES NO IF YES, PLEASE PROVIDE: _____

11. ARE CURRENTLY EMPLOYED?

YES NO IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

12. TYPE OF EMPLOYMENT DESIRED:

FULL-TIME PART-TIME TEMPORARY ON-CALL SEASONAL

13. SHIFTS ABLE AND WILLING TO WORK:

DAY SHIFT SWING SHIFT GRAVE SHIFT ANY

14. WILL YOU ACCEPT A JOB THAT REQUIRES YOU TO WORK ON WEEKENDS OR HOLIDAYS?

YES NO

15. ARE YOU AT LEAST 21 YEARS OF AGE? (Proof of age and a gaming card may be required upon hiring.)

YES NO

16. WILL YOU WORK OVERTIME, IF REQUIRED?

YES NO

17. IF REQUIRED, WILL YOU UNDERGO A PRE-EMPLOYMENT PHYSICAL?

YES NO

18. HAVE YOU EVER BEEN ARESTED?

YES NO

19. HAVE YOU EVER BEEN CONVICTED OF A FELONY? (Such conviction may be relevant, if job related, but does not bar you from employment.)

YES NO

IF YES, PLEASE EXPLAIN BELOW THE NATURE OF THE OFFENSE, DATE AND LOCATION:

20. DRIVER'S LICENSE NUMBER (If required for job):

STATE:

21. CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATION?

YES NO

22. IF LIFTING IS REQUIRE ON THEJOB, INDICATE THE AMOUNT OF WEIGHT YOU ARE WILLING AND ABLE TO LIFT:

up to 25 lbs.

25-50 lbs.

more than 50 lbs.

23. CAN YOU, AFTER YOUR EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? (Proof of identity and legal authority to work in the U.S. is a condition of employment.)

YES NO

24. HAVE YOU EVER SERVED IN THE U.S. MILITARY? IF YES, PLEASE PROVIDE A DESRIPTION OF SKILLS YOU ACQUIRED THAT MIGHT BE RELEVANT TO YOUR EMPLOYMENT HERE:

YES NO

REFERENCES

List three persons **not related** to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address Street, City, State, ZIP Code)	Phone No. (Including Area Code)	Occupation

HAVE YOU EVER BEEN BONDED? IF YES, ON WHAT JOBS?

YES NO

WAGE OR SALARY REQUIRED _____

DATE AVAILABLE _____

EDUCATIONAL HISTORY

School Name	Location (City, State)	Major Course or Subject	Graduated		Degree
			Yes	No	
HIGH SCHOOL					
TECHNICAL/TRADE (After High School)					
COLLEGE (List All Attended)					
OTHER EDUCATION/TRAINING					

EMPLOYMENT RECORD

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

LAST OR PRESENT COMPANY:		TYPE OF BUSINESS:	JOB TITLE:
STREET ADDRESS:		PHONE NUMBER:	BRIEF DESCRIPTION OF JOB DUTIES:
CITY:	STATE:	ZIP CODE:	
SUPERVISOR'S NAME:		PHONE NUMBER:	
BASE SALARY:	DATES WORKED FROM: TO:		
REASON FOR LEAVING:			
LAST OR PRESENT COMPANY:		TYPE OF BUSINESS:	JOB TITLE:
STREET ADDRESS:		PHONE NUMBER:	BRIEF DESCRIPTION OF JOB DUTIES:
CITY:	STATE:	ZIP CODE:	
SUPERVISOR'S NAME:		PHONE NUMBER:	
BASE SALARY:	DATES WORKED FROM: TO:		
REASON FOR LEAVING:			

LAST OR PRESENT COMPANY:		TYPE OF BUSINESS:	JOB TITLE:
STREET ADDRESS:		PHONE NUMBER:	BRIEF DESCRIPTION OF JOB DUTIES:
CITY:	STATE:	ZIP CODE:	
SUPERVISOR'S NAME:		PHONE NUMBER:	
BASE SALARY:	DATES WORKED FROM: TO:		
REASON FOR LEAVING:			
LAST OR PRESENT COMPANY:		TYPE OF BUSINESS:	JOB TITLE:
STREET ADDRESS:		PHONE NUMBER:	BRIEF DESCRIPTION OF JOB DUTIES:
CITY:	STATE:	ZIP CODE:	
SUPERVISOR'S NAME:		PHONE NUMBER:	
BASE SALARY:	DATES WORKED FROM: TO:		
REASON FOR LEAVING:			

I hereby certify that the information contained in this application is true and correct to the best of my knowledge, and I understand that a routine inquiry may be made during the initial or subsequent processing of this application which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information regarding inquiry, if one is made, will be provided. I authorize the references listed above, as well as all other individuals whom the company contacts to provide the company any and all information concerning my previous employment and other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment. In consideration of my employment, I agree to conform to the rules and standards of the company as amended by the company from time to time in its discretion. I further agree that my employment and compensation can be terminated at will, with or without cause, with or without notice, at any time, either at my option or at the option of the company. I understand that I am not being employed for any specific time, and that this application is not and is not intended to be a contract for continued employment. I understand that no employee or representative of the company, other than its General Manager, has the authority to enter into any agreement contrary to the foregoing. Further, the General Manager of the company may not alter the at-will nature of the employment relationship unless he does so specifically and in writing that he signs. I also understand that all offers of employment are conditioned upon the provision of satisfactory proof of the applicant's identity and legal authority to work in the United States.

I hereby acknowledge by my signature below that I have read and understand the foregoing certification.

SIGNATURE

U.S. Immigration Law requires proof of U.S. Citizenship or "Right to Work" authorization. Upon employment you must present:

One of the following:

- U.S. Passport
- Certificate of U.S. Citizenship

OR

Two of the following:

- Valid Driver's License with Photo
- U.S. Military Card
- Birth Certificate

- INS Card
- Tribal I.D.
- Social Security Card