



Application for Employment

This application form is designed for use by the applicants for various positions: clerical, professional, technical and administrative. Answer the questions to the best of your ability. All information will be treated confidentially. The issuance of this application in no way constitutes an employment agreement. This application and the contents of the application are not considered a contract for employment or promise of employment for any specific time and, where applicable, does not change, alter or otherwise revise the at-will employment status of the Employer:

In completing this application, all candidates agree to resolve all disputes regarding this application for employment through the Company's Dispute Resolution Program.

Failure to complete this application in its entirety may lead to rejection of the application by the Company. If the information supplied by the applicant is found to be false or misleading, the Company reserves the right to terminate the application process or the employee should you be hired.

Position Requested:		Today's Date:	
Last Name	First Name	Middle	
Address	City/Town	State	Zip
Home Telephone	Mobile Telephone	Email address	
EDUCATION	Print Name, City and State for each School listing	Number of Years Completed	Degree, Major, or Type of Course
High School			
College			
Trade, Business or Correspondence			
Other			
Do you hold a current South Dakota Gaming License?	Key License <input type="checkbox"/> Yes <input type="checkbox"/> No	Support License <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

Please provide a three-year history. List your most recent first.

Employer Name:		Date From:	Date To:
Employer Address:			
Supervisor Name:		Phone:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary Start: (hourly/monthly/annual)	Salary End: (hourly/monthly/annual)
Job Title:	Job Duties:		
Reason for Leaving:			

Employer Name:		Date From:	Date To:
Employer Address:			
Supervisor Name:		Phone:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary Start: (hourly/monthly/annual)	Salary End: (hourly/monthly/annual)
Job Title:	Job Duties:		
Reason for Leaving:			

Employer Name:		Date From:	Date To:
Employer Address:			
Supervisor Name:		Phone:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary Start: (hourly/monthly/annual)	Salary End: (hourly/monthly/annual)
Job Title:	Job Duties:		
Reason for Leaving:			

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 21 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please describe any accommodations required:	
Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Date:	Place:
Nature of offense:			
Are you currently under indictment or awaiting trial for a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No		An affirmative answer will not automatically disqualify you from being considered for employment	

APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature: _____

Date: _____