

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 any of the following: (please check appropriate box)

- GED Certificate On what date did you receive your GED Certificate? _____
 At what testing center? _____
- Certificate of Attendance It is the procedure of the PCI Gaming Authority to accept all versions of the high school diploma, including a Certificate of Attendance for all positions with the stipulation that a GED must be obtained (taken and successfully passed) within the six (6) months of the start date as a condition of continued employment.

List any skills, knowledge, experience, or other relevant qualifications (i.e. computer skills, certificates, financial, security, food and beverage, 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

Please provide your complete employment history. Attach additional sheets as needed. See resume will not be accepted. All **bolded** areas must be completed or the application will be incomplete.

Employment History	
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 _____ _____ _____
	2
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 _____ _____ _____	
3	
	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 _____ _____ _____

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

Received by _____ Date _____ Expiration Date _____

Tribal Enrollment verified: Yes No _____

Tribal Roll number: _____

Routed to:

_____ for position of _____ Date _____

_____ for position of _____ Date _____

_____ for position of _____ Date _____

Comments: _____

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?
<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 required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If applicable for position, are you fluent in any language(s) other than English?
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.)

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