



SEMINOLE NATION DIVISION OF COMMERCE EMPLOYMENT APPLICATION

PLEASE READ BEFORE YOU BEGIN:

**IF YOU HAVE BEEN CONVICTED OF A FELONY IN THE PAST TEN (10) YEARS, PLEASE STOP NOW
AS YOU WILL NOT BE ALLOWED EMPLOYMENT AT THIS TIME.**

PLEASE PROVIDE A COPY OF YOUR **DRIVERS LICENSE OR STATE ID CARD**. APPLICATIONS WILL NOT BE PROCESSED UNTIL THOSE DOCUMENTS ARE INCLUDED WITH A COMPLETED APPLICATION.

- SEMINOLE PREFERENCE MUST HAVE **TRIBAL MEMBERSHIP CARD**.
- TRIBAL PREFERENCE MUST HAVE **CDIB/MEMBERSHIP CARD**.

S.N.D.O.C IS SERIOUS ABOUT OUR APPLICATION PROCESS:

- THIS PROCESS INCLUDES A **PRELIMINARY BACKGROUND CHECK** USING RESOURCES INCLUDING BUT NOT LIMITED TO ODCR (ON DEMAND COURT RECORDS)
 - **PRE-EMPLOYMENT DRUG SCREEN** IF YOU ARE SELECTED FOR THE POSITION.
- YOU **MUST** DISCLOSE ALL MISDEMEANOR AND/OR FELONY CHARGES. IF CRIMINAL CHARGES ARE DISCOVERED THAT YOU DID NOT DISCLOSE ON THIS APPLICATION PRIOR TO, YOU WILL NOT BE HIRED WITH S.N.D.O.C.
- ALL OUTSTANDING FINES OR VIOLATION PAYMENTS MUST BE CURRENT BEFORE THE APPLICATION WILL BE PROCESSED.

APPLICANT'S PRINTED SIGNATURE: _____

PLEASE PRINT



SEMINOLE NATION DIVISION OF COMMERCE

EXPLAINING THIS DOCUMENT

PURPOSE:

TO PROTECT THE TRIBE, EMPLOYEES, PATRONS, AND PUBLIC BY ENSURING THAT EMPLOYMENT ACTIONS ARE FREE FROM CRIMINAL ACTIVITIES AND CORRUPTIVE ELEMENTS. THE REQUIRED INFORMATION IS USED TO DETERMINE THE SUITABILITY OF THE APPLICANT.

BURDEN OF PROOF:

AN APPLICANT IS SEEKING THE GRANTING OF A PRIVILEGE. THE BURDEN OF PROVING THE APPLICANT'S QUALIFICATIONS AND SUITABILITY IS AT ALL TIMES ON THE APPLICANT.

DISCLOSURE OF INFORMATION:

AN APPLICANT MAY BE SUBJECT TO DENIAL OR OTHER ACTIONS FOR FAILING TO PROVIDE ALL INFORMATION, DOCUMENTATION AND ASSURANCES AS REQUIRED OR REQUESTED, OR FOR FAILING TO REVEAL ANY MATERIAL FACTS OR FOR PROVIDING MISLEADING OR UNTRUE INFORMATION. THE S.N.D.O.C. RESERVES THE RIGHT TO REQUEST ADDITIONAL INFORMATION AT ANY TIME. THE DISCLOSURE OF YOUR SOCIAL SECURITY ACCOUNT NUMBER IS VOLUNTARY. HOWEVER, FAILURE TO SUPPLY A SSAN MAY RESULT IN ERRORS IN PROCESSING YOUR APPLICATION.

WAIVER OF CLAIM FOR DAMAGES:

AN APPLICANT ACCEPTS ANY RISK OF ADVERSE REACTION, FINANCIAL LOSS, OR PUBLIC NOTICE THAT MAY RESULT FROM ANY ACTION TAKEN WITH RESPECT TO AN APPLICATION. BY FILING AN APPLICATION AN APPLICANT EXPRESSLY WAIVES ANY CLAIM FOR DAMAGES AS A RESULT OF ANY ACTION TAKEN WITH RESPECT TO THAT APPLICANT.

WITHDRAWAL OF AN APPLICATION:

AN APPLICATION MAY NOT BE WITHDRAWN WITH OUR PERMISSION OF THE APPLICANT. APPLICATIONS OLDER THAN 90 DAYS OLD WILL BE AUTOMATICALLY WITHDRAWN BY THE HUMAN RESOURCE DEPARTMENT.

USE OF INFORMATION PROVIDED ON APPLICATION:

THE INFORMATION IS REQUESTED TO DETERMINE THE ELIGIBILITY OF INDIVIDUALS TO BE EMPLOYED TO DO BUSINESS WITH SEMINOLE NATION DIVISION OF COMMERCE. THIS INFORMATION WILL BE USED BY S.N.D.O.C. AND OTHER STAFF TO DETERMINE ELIGIBILITY. THE INFORMATION MAY BE DISCLOSED TO APPROPRIATE FEDERAL, STATE, LOCAL OR FOREIGN LAW ENFORCEMENT AND REGULATORY AGENCIES WHEN RELEVANT TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATION OR PROSECUTIONS OR WHEN PURSUANT TO A REQUIREMENT BY THE TRIBE IN CONNECTION WITH THE ISSUANCE OR REVOCATION OF A VENDOR LICENSE, OR INVESTIGATION OF ACTIVITIES WHILE ASSOCIATED WITH THE TRIBE OR TRIBAL GAMING OPERATION. FAILURE TO CONSENT TO THE DISCLOSURES REQUESTED IN THIS APPLICATION MAY RESULT IN THE TRIBE BEING UNABLE TO DO BUSINESS WITH YOU.

INITIAL _____

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ALCOHOL AND/OR ILLEGAL DRUGS

COMPLETE IN INK AND PLEASE PRINT ALL INFORMATION

I. PERSONAL

Date: _____

Name: _____
Last First Middle Maiden

List any previously used names _____

Address: _____
Street City State Zip

How long at this address? _____ Social Security No. ____/____/____

Phone Number: (____) - ____ - ____ Email: _____

II. EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	NUMBER OF YEARS COMPLETED	DIPLOMA CERTIFICATES MAJOR OR DEGREE
HIGH SCHOOL			
COLLEGE			
BUSINESS/TRADE SCHOOL			

III. EMPLOYMENT INQUIRIES

List Days/ Hours available to work below or check **No Preference**

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>

When are you available to start work? _____ Employment desired? Full Time Part Time

How did you hear about SODOC & this position? _____

Which facility do you prefer? (For Gaming positions, please apply with Seminole Nation Gaming Enterprise)

- Travel Plaza Retail Trading Post Retail Rivermist Retail
 SODOC Administration SODOC Maintenance

Are you claiming Indian Preference? Yes No

Tribal Affiliation _____ (Please include documentation) *Tribal Membership/CDIB

Position(s) Desired? (1) _____ (2) _____

Do you need set shift? Yes No Preferred

Have you ever worked for S.N.D.A., S.N.D.O.C., or S.N.G.E. before? Yes No

If "Yes" what years? _____ What Facilities? _____

Do you have any immediate family members or people living in your household that work for any of S.N.D.O.C. Administration or Retail departments? Yes No

If "Yes" please list names and location employed:

Do you have a driver's license? Yes No

Current DL # _____ State of Issue _____ Operator Commercial

What is your means of transportation to work? _____

IV. OFFICE SKILLS

Personal Computer Yes No

Typing Yes No

Word Processing Yes No

10-Key Yes No

Other Skills _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position that you are applying.

V. CRIMINAL HISTORY

Have you ever been convicted of, or are you currently being prosecuted for a felony? Yes No

If "Yes" please list charges or court prosecutions you have been involved in. Include dates, sentences imposed and fines you are currently paying below:

Have you ever been convicted of, or are you currently being prosecuted for a misdemeanor (excluding minor traffic violation)? Yes No

If "Yes" please list misdemeanors or court prosecutions you have been involved in. Include dates, sentences imposed and fines you are currently paying below:

VI. MILITARY HISTORY

Have you ever served in the military? Yes No

If "Yes" what branch? _____ Dates of service: _____
If "Yes" you will be required to provide discharge paperwork. (DD214)

VII. EMPLOYMENT HISTORY

List your current employer(s). Please list all of your employers for the last five (5) years. (Beginning with the most recent) You may use month and year for the date information.

CURRENT EMPLOYER: _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Employment Dates: From _____ To _____ Pay/Salary: From _____ To _____

Supervisors Name: _____ Last Job Title: _____

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company _____

Reason for leaving _____

May we contact your present employer? Yes No

PREVIOUS EMPLOYER: _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Employment Dates: From _____ To _____ Pay/Salary: From _____ To _____

Supervisors Name: _____ Last Job Title: _____

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company _____

Reason for leaving _____

PREVIOUS EMPLOYER: _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Employment Dates: From _____ To _____ Pay/Salary: From _____ To _____

Supervisors Name: _____ Last Job Title: _____

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company _____

Reason for leaving _____

PREVIOUS EMPLOYER: _____ Phone# _____

Address _____ City _____ State _____ zip _____

Employment Dates: From _____ To _____ Pay/Salary: From _____ To _____

Supervisors Name: _____ Last Job Title: _____

List jobs you held, duties performed, skills used or learned, advancements or promotions while you worked for this company _____

Reason for leaving _____

If more space is needed, please use the space provided below.

Did you complete this application yourself? Yes No

If not, who did? _____

VIII. REFERENCES

**LIST THE NAMES, ADDRESSES AND PHONE NUMBERS OF THREE PERSONAL REFERENCES. (NO RELATIVES)
ALL INFORMATION MUST BE COMPLETE**

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone # _____ Work # _____
How long have you known this person? _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone # _____ Work # _____
How long have you known this person? _____

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone # _____ Work # _____
How long have you known this person? _____

I CONFIRM ALL INFORMATION GIVEN TO BE TRUE TO THE BEST OF MY ABILITY.

SIGNATURE OF APPLICANT

DATE

*References will be contacted