



YOCHA DEHE WINTUN NATION

P.O. Box 18 • Brooks, California 95606
Telephone 530.796.3400
Fax 530.796.2143

EMPLOYMENT APPLICATION

Date of Application _____

Full Name (First, Middle, Last) _____

All Other Names Used (Oral or Written, including Maiden Name and Nicknames)

Address _____ City, State & Zip _____

Home Phone () _____ Other Phone(s) () _____

Email Address _____

Do you have a valid driver's license? Yes No State _____ License # _____ Expiration Date _____

Are you at least 18 years of age? Yes No (If under 18, hire is subject to verification that you are of minimum legal age.)

If hired can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? Yes No

Have you ever been convicted of a misdemeanor and/or felony (excluding any sealed or expunged conviction(s))*? Yes No

*No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

If so, provide an explanation _____

Have you ever applied to, or worked for Yocha Dehe Wintun Nation or Cache Creek Casino Resort? Yes No

If you have, provide approximate date(s) and details _____

Do you have any friends or relatives working for Yocha Dehe Wintun Nation or Cache Creek Casino Resort? Yes No

If you do, state their name(s) and relationship(s) to you _____

What position are you applying for? _____

How did you hear about this position? _____

If part time, hours per week desired _____ Days of week available _____

Availability (please check all that apply): Occasional Overtime Evenings Weekends

If hired, on what date could you start work? _____

Hourly rate of pay or monthly salary desired? _____

State briefly why you would like to work for Yocha Dehe Wintun Nation _____

Are you able to perform the essential functions of the job with or without reasonable accommodations? Yes No

If not, what type of accommodation would enable you to perform the job? _____

PREVIOUS ADDRESS

Beginning with your most recent address, list all your residences within the past five (5) years.

Dates (From – To)	Number, Street & Apt. #	City, State & Zip
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Dates (From – To)	Number, Street & Apt. #	City, State & Zip
Dates (From – To)	Number, Street & Apt. #	City, State & Zip
Dates (From – To)	Number, Street & Apt. #	City, State & Zip

PERSONAL REFERENCES

List the names of at least three personal references whom we may contact:

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

EDUCATION & TRAINING

Include on-the-job training

EDUCATION	NAME OF SCHOOL OR INSTITUTION / CITY / STATE	COURSE OF STUDY/DEGREE EARNED
High School		
Community College		
Trade School		
College/University		
Seminars & Certifications		

TECHNICAL SKILLS & LEVEL OF EXPERIENCE

TECHNICAL SKILL	LEVEL OF PROFICIENCY (BEGINNER, INTERMEDIATE, EXPERT)
Hardware	
Software	
Other	

SPECIAL SKILLS

Do you speak, write or understand any foreign language? Yes No

If so, which language(s)? _____

Do you have any other experience, training, qualifications, or skills that you believe make you especially suited for this position?

If so, explain in detail _____

List any licenses or certifications _____

EMPLOYMENT HISTORY

Name of Company _____
Name of Supervisor(s) _____
Address _____
Telephone Number () _____ Dates of Employment From / / To / /
Starting Pay Rate _____ Ending Pay Rate _____
Position & Duties _____

Reason for Leaving _____

Name of Company _____
Name of Supervisor(s) _____
Address _____
Telephone Number () _____ Dates of Employment From / / To / /
Starting Pay Rate _____ Ending Pay Rate _____
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Address _____
Telephone Number () _____ Dates of Employment From / / To / /
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Reason for Leaving _____

Carefully read and then initial each item below. If there are any items you do not understand, ask the interviewer about it before signing the certification.

_____(Initial) I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____(Initial) I hereby authorize Yocha Dehe Wintun Nation (hereinafter "the Tribe") to thoroughly investigate my references, work records, education and other matters related to my suitability for employment, and further authorize my current and former employers to disclose to the Tribe any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the Tribe, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____(Initial) I understand that, if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

_____(Initial) If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that the Tribe may conduct alcohol or drug screening at its sole discretion, with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment.

_____(Initial) I understand that nothing contained in this application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between me and the Tribe. In addition, I understand and agree that if I am employed, my employment relationship with the Tribe is strictly voluntary and at our mutual will. I understand that, if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, and that no promises or representations contrary to the foregoing are binding on the Tribe unless made in writing and signed jointly by the Tribal council and myself.

_____(Initial) I understand that, if offered employment, I will, as a condition of employment be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____(Initial) If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license, and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by the Tribe's auto insurance, if required for my position.

My signature below certifies that I have read and understand every line item in this document, and agree to the terms and conditions outlined in this document.

_____ Date

_____ Applicant's signature



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P.O. Box 18 • Brooks, California 95606

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PRIVACY ACT OF 1974

In compliance with the Privacy Act of 1974, the following information is provided:

Solicitation of the information on this form is authorized by 25 U.S.C. 2701, et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a Tribe or the National Indian Gaming Commission in connection with the hiring or firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a Tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a Tribe's being unable to hire you in a primary management official or key employee position.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

Date

Applicant's signature

FINGERPRINT AUTHORIZATION

I understand that I must have my fingerprints taken by the Yocha Dehe Wintun Nation Tribal Gaming Agency. I also understand that these prints will be submitted to the F.B.I. and/or the California Department of Justice for the purposes of conducting an investigation into my background.

Date

Applicant's signature

FOR HUMAN RESOURCES USE ONLY

SSI Number

Enter social security number only if applicant is offered a position with Yocha Dehe Wintun Nation



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RELEASE AUTHORIZATION

TO: ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, BANKS, EMPLOYERS, PAST EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES – FEDERAL, STATE AND LOCAL – WITHOUT EXCEPTION

I, _____, have authorized the Yocha Dehe Wintun Nation, its Tribal Gaming Agency, and their agents and/or employees to conduct a full investigation into my background.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by authorized employee or agent of the Yocha Dehe Wintun Nation Tribal Gaming Agency. This authorization shall supersede and countermand any prior requests or any authorization to the contrary.

This authorization also releases you from any type of action for releasing this information to the Yocha Dehe Wintun Nation Tribal Gaming Agency.

A photostat copy of this authorization shall be considered as effective and valid as the original.

Applicant's Name (Please Print)

Applicant's signature

Date

Please return completed Employment Application to:

Yocha Dehe Wintun Nation
Attention: Human Resources
P.O. Box 18
Brooks, CA 95606

Email: resumes1@yochadehe-nsn.gov