



## Wyandotte Nation Casino

Human Resources  
2 Turtle Drive  
Wyandotte, OK 74370

### Notice to Job Applicants

Wyandotte Nation Casino performs background checks on all applicants regardless of the position for which they apply. In order to process applications and to perform these checks all information that is applicable must be completed.

These items include all education, diplomas or degrees received, information on past employers, including the full name of the employer, the address, phone number, supervisor's name and dates of employment. Reference information must include the name of the reference along with a current address and phone number where the person may be reached.

Failure to complete an application completely will be grounds for rejection of the application for employment with Wyandotte Nation Casino.

### PLEASE NOTE

Thank you for your interest in employment at Wyandotte Nation Casino. Due to the large number of applications received, we are unable to respond to every applicant. If your qualifications meet an open position you will be contacted by an official of Wyandotte Nation Casino.

**APPLICANTS,**

**AS YOU COMPLETE YOUR EMPLOYMENT APPLICATION, PLEASE NOTE.....**

**YOUR APPLICATION WILL BE REJECTED IF IT IS NOT COMPLETE.**

- **PROVIDE AN EMAIL ADDRESS, Page 1**
- **EMPLOYMENT HISTORY...LIST THE PAST 5 YEARS...NO EXCEPTIONS, Page 2**
- **PROVIDE 3 REFERENCES, NO EXCEPTIONS, Page 3**
- **CRIMINAL HISTORY MUST BE DISCLOSED, Page 3**

Wyandotte Nation Casino  
 Phone: 918-678-3030 Fax 918-678-2337



**APPLICATION FOR EMPLOYMENT**  
 For Employment Consideration All Areas Must Be Completed

Last Name	First Name	Middle Initial	
-----------	------------	----------------	--

Address	City	State	Zip Code
---------	------	-------	----------

Telephone Number ( ) - -	Alternate Number ( ) - -	E-mail Address:
-----------------------------	-----------------------------	-----------------

Please list all additional address for the past 5 years - Please use additional sheets, if necessary.	Dates (MM/YY)	
	FROM	TO
List Other Name(s) and Dates Used		

Who referred you to this company?

- Newspaper
- Walk-in
- Job Fair
- Website
- Other
- Employee Name \_\_\_\_\_

Tribal Member? Yes No Please circle one If yes, what Tribe: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

SCHOOL (INCLUDE CITY & STATE)	NO. YEARS ATTENDED	GRADUATED YES/NO	SUBJECTS/DEGREE
HIGH SCHOOL			
ADDRESS			
COLLEGE			
ADDRESS			
TRADE, BUSINESS OR CORRESPONDENCE			
ADDRESS			

OTHER SPECIAL STUDIES, TRAINING/SKILLS

Your time is valuable so please provide us with the employment positions you are interested in. We may contact you for any positions listed that are open.

Do not write ANY in the box.....  
"ANY" is not an option.

Position (s) Applied For:	Date You Can Start ____/____/____	Salary Desired	
Are you able to perform the duties of the job you are applying for? Yes No			
Are You Employed Now? YES NO Please Circle One		May We Contact Your Current Employer? YES NO Please Circle One	
Please list any relatives employed by Wyandotte Nation Entity			
Name _____		Relationship _____	
Name _____		Relationship _____	
<b>EMPLOYMENT HISTORY</b> List Below Previous Employers For The Last 5 Years, Beginning With The Most Recent Please Include Street Address, City, State, Zip Code (Attach Additional Sheets If Necessary)			
Employer	Employment Dates From To	Salary Start \$ End \$	Supervisor and Title
Address City State Zip	Describe your duties:		
Phone ( ) -	Reason for leaving		
May we contact for reference? yes no			
Employer	Employment Dates From To	Salary Start \$ End \$	Supervisor and Title
Address City State Zip	Describe your duties:		
Phone ( ) -	Reason for leaving		
May we contact for reference? yes no			
Employer	Employment Dates From To	Salary Start \$ End \$	Supervisor and Title
Address City State Zip	Describe your duties:		
Phone ( ) -	Reason for leaving		
May we contact for reference? yes no			
Explain any gaps in your employment, other than those due to personal illness, injury or disability			

**PROFESSIONAL REFERENCES**

Below, Give The Names of Three Persons Other Than Friends And Relatives, Whom You Have Known At Least One Year. You Must Have A Complete Address And Current Phone Number

*→ You are required to provide 3 references... no exceptions. ←*

1	Name	Address	Telephone ( ) _____	Business/Work Relationship	Years Known
2	Name	Address	Telephone ( ) _____	Business/Work Relationship	Years Known
3	Name	Address	Telephone ( ) _____	Business/Work Relationship	Years Known

Have You Ever Been Convicted of A Crime? YES NO Please Circle One  
 If yes, explain and give date, city and state (only a felony conviction will exclude you from consideration of employment)

**MILITARY SERVICE**

BRANCH OF SERVICE	DISCHARGE DATE	RANK
-------------------	----------------	------

Type of education, training or work experience received.

Are You Able To Provide A Copy of Your DD-214 Upon Request? YES NO Please Circle One

**AUTHORIZATION**

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 SHALL BE GROUNDS FOR DISMISSAL. INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR FURTHER REVIEW.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL PERTINENT INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT. I HEREBY AUTHORIZE WYANDOTTE NATION CASINO TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, EDUCATIONAL BACKGROUND, MILITARY BACKGROUND, CREDIT RECORDS AND CRIMINAL RECORDS THROUGH AN INVESTIGATIVE AGENCY. I HEREBY RELEASE WYANDOTTE NATION CASINO FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I UNDERSTAND MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON, AND I AM CONSIDERED AN AT-WILL EMPLOYEE FOR PURPOSES OF EMPLOYMENT WITH WYANDOTTE NATION CASINO. I ALSO UNDERSTAND THAT NO REPRESENTATIVE OF THE WYANDOTTE NATION CASINO HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

N  
W E  
S

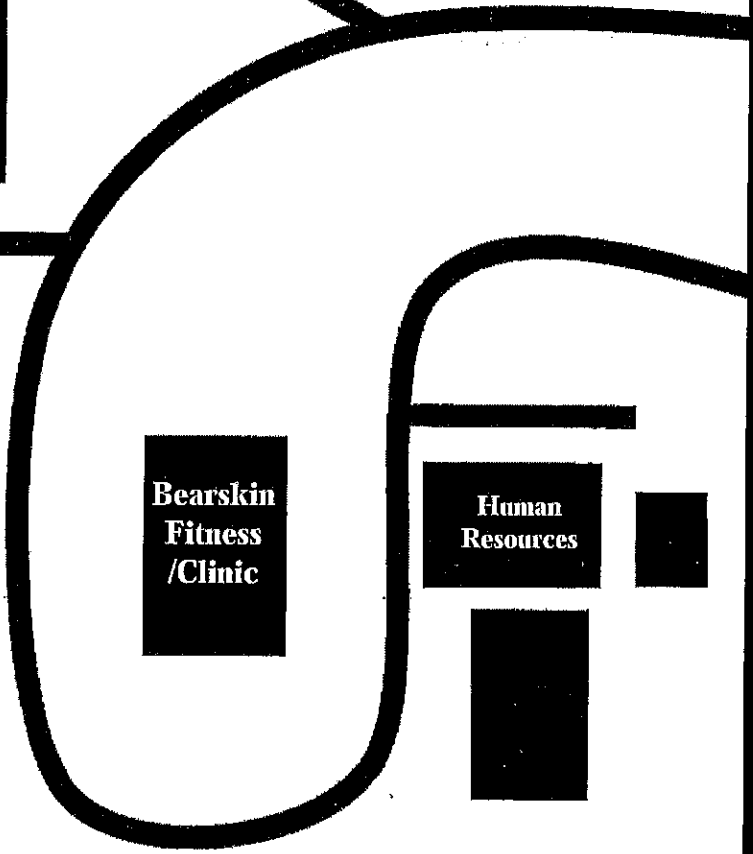
Highway 60

Turtle Stop/  
Lucky Turtle  
Casino

Bears  
Den

Wyandotte Nation  
Casino

Assembly  
of God



Bearskin  
Fitness  
/Clinic

Human  
Resources

[Small square building]

[Vertical rectangular building]

City of Wyandotte