



## APPLICATION FOR EMPLOYMENT

**Notice to Applicants:** Grand Lake Casino promotes and affords equal treatment and service to all employees and assures that all employees and applications for employment are given an equal employment opportunity without regard to race, religion, color, national origin, age, sex height, weight, marital status, or the presence of any sensory, mental, or physical disability unless such disability effectively prevents the performance of the essential functions and duties required of the position and cannot be reasonably accommodated without undue hardship to the company. Grand Lake Casino will cooperate fully with all organizations and commissions that are established and organized to promote "Equal Employment Opportunity", as provided by the Federal "Equal Employment Opportunity" statute, 42 u.S.C @000 (e)-2 provision I, The Seneca Cayuga Tribe has adopted the public policy of extending preferential treatment to the hiring and employment of Native Americans.

### Personal Information:

Date:

/ /

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Apt/Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Telephone:** ( ) \_\_\_\_\_ **SS#:**  -  -

### Grand Lake Casino

**Position(s) applying for:** \_\_\_\_\_

**Department(s):** \_\_\_\_\_

**Are you a Native American?**  No  Yes If "Yes", state Tribal Affiliation: \_\_\_\_\_

**Do you have a CDIB Card?**  No  Yes \_\_\_\_\_

**Have you ever worked in this facility?**  No  Yes **Dates:** \_\_\_\_\_

**Prior position(s) held?** \_\_\_\_\_

**Reason(s) for leaving?** \_\_\_\_\_

**Do you have friends working for Grand Lake Casino?**  No  Yes

**If yes, list name(s) and relationship(s):** \_\_\_\_\_

**Employment History:**

**Please List from Present to Past** (most recent first)

**Current Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Position(s) held:** \_\_\_\_\_ **How Long:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**May we contact your current employer?**  **No**  **Yes**

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Position(s) held:** \_\_\_\_\_ **How Long:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**May we contact your current employer?**  **No**  **Yes**

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Position(s) held:** \_\_\_\_\_ **How Long:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**May we contact your current employer?**  **No**  **Yes**

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Position(s) held:** \_\_\_\_\_ **How Long:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**May we contact your current employer?**  **No**  **Yes**

**Education:**

**Please List from Present to Past** (most recent first)

School / Institution	Major or Area of Specialization	Degree or No. of Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

If yes, list language(s): \_\_\_\_\_

\_\_\_\_\_

**Legal Information:**

**Are you at least 18 years old?**  No  Yes

(If under 18, hiring is subject to verification of minimum legal age.)

**Are you able to perform the essential functions of the job for which you are applying?**  No  Yes

If no, please describe the functions which cannot be performed. \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions. Hiring may be subject to passing a medical examination, and skill/agility testing)

**Have you ever been convicted of a criminal offense?**  No  Yes

(Felony or serious misdemeanor)

If yes, state nature of the crime(s), when and where convicted and disposition of the case

\_\_\_\_\_

\_\_\_\_\_

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

## **Acknowledgement:**

PLEASE BE SURE TO SIGN THIS APPLICATION AND READ THE FOLLOWING STATEMENTS CAREFULLY

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the information contained in this application is 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 of material fact on this application or on any document 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.

I hereby authorized Grand Lake Casino to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my 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.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I shall report all work-related injuries and/or illnesses I receive while on or related to a work assignment, to Grand Lake Casino. I understand that all processing of such claims will be done and that compensation due to me shall be paid by the Company's Workers' Compensation Insurance Carrier. I will hold harmless any client of Grand Lake Casino from any claim. I voluntarily acknowledge that my exclusive remedy will be under the Company's Workers' Compensation Policy.

The "Confidential Information" means all information belonging to or used by Grand Lake Casino or its clients related to Internal Operations, procedures and policies, business strategies, pricing, billing information, personnel information, customer contacts, sales information, employee lists, technology, software source codes, programs, costs, marketing plans, development plans, computer programs and systems, security systems, and all other plans, proprietary information and trade secrets of every kind and character. Confidential information is the exclusive property of Grand Lake Casino and/or solely to assist me in the performance of my responsibilities. My right to use confidential information, and the extent thereof, is at the Company's sole discretion and such rights shall expire immediately upon the termination of my employment. I shall not, either during or after my employment with Grand Lake Casino, disclose confidential information for any reason or purpose contrary to the Interest of the Company or the client to which I am assigned. Upon termination of employment, I shall immediately return all property in my possession relating to Grand Lake Casino or the client's business.

It is our policy to maintain a work place that is free from the effects of both legal and illegal drug and/or alcohol abuse. We may conduct drug testing of job applicants and employees. Should you be offered a position of employment by us, you may be contacted regarding a drug test. Refusal to take, altering the results of or failing the drug test will disqualify you from consideration or continuation of employment. I also acknowledge that if hired I may be required to submit to medical/physical examinations at the employer's discretion and expense.

It is agreed that arbitration shall be the sole mechanism for bringing a legal claim against the company for matters relating to employment discrimination. Arbitration must be commenced within one (1) year of the date the claim arises and that judgment for an award may be entered by any court of competent jurisdiction. If any portion of the agreement is determined to be unenforceable or invalid, this agreement shall remain in full effect to the fullest extent allowable by law.

**I have read each section of the agreement and I accept the terms and conditions described.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**