



AN EQUAL OPPORTUNITY EMPLOYER
Application For Employment

Gaming Card No. _____
 Expiration Date _____
 Health Card No. _____
 Expiration Date _____
 T.A.M. Card No. _____
 Expiration Date _____

It is the Intent of the Avi Resort and Casino, a wholly owned subsidiary of the Fort Mojave Indian Tribe, to abide by applicable Federal Equal Employment Opportunity laws consistent with Indian Preference Laws and in conformity with the Fort Mojave Tribal Employment Rights Ordinances.

ALL APPLICANTS ARE CONSIDERED ON THE BASIS OF THEIR ABILITY TO DO THE JOB WITHOUT REGARD TO INDIVIDUAL RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, POLITICAL AFFILIATION OR PHYSICAL, MENTAL OR EMOTIONAL DISABILITIES OR VETERAN STATUS. ALL STATEMENTS CONTAINED HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION, OMISSION OF FACTS OR FALSIFICATION OF THE APPLICATION WILL RENDER THE APPLICATION VOID, OR IF HIRED, MAY RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT.

PRINT ANSWERS TO ALL QUESTIONS

Name 1. _____			2. Telephone: _____ Home: _____ Message: _____ Emergency: _____ Name: _____ Address: _____ _____
Last	First	Middle	
3. Address _____			
4. City _____			
State	Zip	How Long ?	
5. Please Check Appropriate Box: Ages 16 <input type="checkbox"/> 17 <input type="checkbox"/> Between 18-20 <input type="checkbox"/> 21 and over <input type="checkbox"/>			6. Social Security Number _____

GENERAL INFORMATION

10. I wish to apply for a job as: (Note: applications for "any" will not be considered.)	a. _____	7. Tribe _____
	b. _____	8. Tribal Enrollment # _____
	c. _____	9. What rate of pay would you accept? \$ _____

11. I am available for the following shifts: Any _____ Swing _____ Graveyard _____ Day _____ Would you work full time ? Yes _____ No _____ Would you work part time? Yes _____ No _____ Be aware that we reserve the right to assign/schedule around any potential conflict of interest.	12. Are you working more than one job at a time? Yes _____ No _____ If "Yes" Please explain _____
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13. Have you ever been an employee of this company under your own or another name? Yes _____ No _____ If "Yes" please explain: Date of previous employment: From _____ To _____	14. Do you have a valid driver's license? Yes _____ No _____ From what state? _____ License No. _____ Exp. Date _____
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15. U.S. Citizen? Yes _____ No _____ If no, do you have the right to work and remain in the U.S.? Yes _____ No _____ Alien Registration No. _____	16. Do you have a means of getting to work? Yes _____ No _____
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17. Do you have relatives already employed by this company? Yes _____ No _____ If "Yes", give name _____

18. What prompted your application? Friends _____ Employees _____ State Employment _____ Advertisement _____ Internet _____ Other _____ (Specify) _____
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19. Have you ever been convicted of a crime (other than traffic violations) under your own or another name? Yes _____ No _____ If "Yes", state _____

Name _____ Date _____
Place _____ Charge _____
Disposition of Case _____
Name _____ Date _____
Place _____ Charge _____
Disposition of Case _____

(Note: Conviction of a crime or crimes will not necessarily disqualify you from employment)

EDUCATION SKILLS

20.	School	Name of School	Graduated		Date Left	Major/Minor Courses Taken	Degree
			Yes	No			
<input type="checkbox"/>	High School						
<input type="checkbox"/>	College						
<input type="checkbox"/>	Graduate Work						
<input type="checkbox"/>	Trade or Business						
<input type="checkbox"/>	Correspondence						

21. If you type, give WPM _____ Computer Experience Yes _____ No _____ Software or Program Type _____
 What office or shop machines have you operated? _____

22. Do you have any work related military experience in the U.S. Armed Forces or state military or any military obligations which would affect your ability to perform the job which you are applying for on a regular and routine basis.
 Yes _____ No _____ If "Yes" please explain: _____

REFERENCES

23. List two: Do not Include relatives or former employers.

Name	Occupation	Address	City and State
a. _____	_____	_____	_____
b. _____	_____	_____	_____

WORK EXPERIENCE Must be detailed and accurate or you will be disqualified

24. LIST PERIODS OF EMPLOYMENT OR UNEMPLOYMENT BEGINNING WITH YOUR LAST EMPLOYER

COMPANY	DATES OF EMPLOYMENT		JOB DESCRIPTION
Name of Last Employer	From Month	Year	Job Title:
Address	To Month	Year	Reason for leaving:
City State	Wages \$		
Telephone No.	Per		Your Supervisor's Name
Name of Next Previous Employer	From Month	Year	Job Title:
Address	To Month	Year	Reason for leaving:
City State	Wages \$		
Telephone No.	Per		Your Supervisor's Name
Name of Next Previous Employer	From Month	Year	Job Title:
Address	To Month	Year	Reason for leaving:
City State	Wages \$		
Telephone No.	Per		Your Supervisor's Name
Name of Next Previous Employer	From Month	Year	Job Title:
Address	To Month	Year	Reason for leaving:
City State	Wages \$		
Telephone No.	Per		Your Supervisor's Name

25. May we contact your present employer? Yes No

A SPECIAL NOTE

READ THE FOLLOWING STATEMENT CAREFULLY AND ACKNOWLEDGE WITH YOUR SIGNATURE

The practical application of the law requires that we inform you of the following:

All employment with The Avi Resort and Casino, a wholly owned subsidiary of The Fort Mojave Indian Tribe is expressly "at will." Either the employee or Avi Resort & Casino may terminate the employment relationship in any manner not prohibited by law. This means that there are no employment contracts or agreements, expressed or implied, which assure or guarantee a person's employment for any period of time, unless the employee has a written agreement signed by the General Manager. Nothing in this Employee Information/Reference Source or anything in the employment relationship is intended, nor may be construed, considered, or relied upon as comprising part of a contract or agreement of any kind between employer and employee.

All statements contained herein are true to the best of my knowledge. I understand that misrepresentation, omission of facts or falsification of this application will render the application void, or if hired, may result in immediate termination of employment.

_____ Date of Application _____ Applicant's Signature _____

FOR OFFICE USE ONLY. DO NOT FILL OUT.

REFERRED TO: Department Mgr. _____ Date _____

Employment Offered: Yes _____ No _____

Reason for Non-hire: _____

If hired for position, state: Job Title: _____

Start Date: _____ Rate of Pay _____ Full Time ___ Extra Board ___

Authorized Manager Signature _____ Date _____