



Human Resources Department
 P.O. Box 340
 Ignacio, CO 81137
 Office: (970) 563-3387
 Fax: (970) 563-3367
www.skyutecasino.com



APPLICATION FOR EMPLOYMENT

*Incomplete or unsigned applications will not be considered.
 A separate application must be completed for each position.*

Position Applied for: _____ Date: _____

Name: _____ Social Security Number: _____

Email Address: _____

Mailing Address/State/City/Zip Code: _____

Physical Address: _____

Telephone Number: (____) _____ Alternative Telephone Number: (____) _____

TRIBAL EMPLOYMENT RIGHTS OFFICE [TERO] PREFERENCE

| Ethnic Background | Yes | No | Name of American Indian Tribe | Tribal Enrollment Census # |
|--|-----|----|-------------------------------|----------------------------|
| Are you an enrolled member of the Southern Ute Indian Tribe [SUIT]? | | | SUIT | |
| Are you an American Indian Spouse of a SUIT member? | | | | |
| Are you an enrolled member of the Ute Mountain Ute or Northern Ute Indian Tribe? | | | | |
| Are you enrolled in a federally recognized Indian Tribe? | | | | |

NOTE: Please attach a copy of your Tribal Certificate of Indian Blood.

Employment preference [check one]: Full-time Part-time Temporary On-Call

Shift preference [check one]: Day Evening Night No preference

Are you willing to work overtime? Yes No Weekends/Holidays? Yes No

Date available for work: _____ Are you under the age of 18? Yes No

After reviewing the job description, do you meet the job requirements, including education and work experience of the position? Yes No

If not, which requirements are you lacking? _____

Have you ever been employed by the Sky Ute Casino? Yes No

If yes, please state position held, dates of employment, and reason for leaving: _____

EDUCATION

| | Name of School Attended / Mailing Address | Date(s) of Attendance | Course of Study | Date of Graduation | Type of Diploma, Certification or Degree |
|----------------------|---|-----------------------|-----------------|--------------------|--|
| High School or GED | | | | | |
| Vocational | | | | | |
| College / University | | | | | |
| Other (specify) | | | | | |

Please list any special certifications, accreditations or licenses not specified above: _____

Please list any special skills and/or qualifications acquired from employment or other experiences: _____

EMPLOYMENT HISTORY

- Please list your **complete** employment history, beginning with the most recent employer.
- Please attach separate sheets, if necessary.
- Please explain any gaps in employment history of more than 2 months on a separate sheet of paper.

Name of Employer: _____ Telephone: (____) _____

Address: _____ Job Title: _____

Employment Dates: _____ to _____ Rate of Pay / Salary: _____

Supervisor's Name: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Describe work performed: _____

Name of Employer: _____ Telephone: (____) _____

Address: _____ Job Title: _____

Employment Dates: _____ to _____ Rate of Pay / Salary: _____

Supervisor's Name: _____ Reason for Leaving: _____

May we contact your employer? Yes No

Describe work performed: _____

Name of Employer: _____ Telephone: (____) _____

Address: _____ Job Title: _____

Employment Dates: _____ to _____ Rate of Pay / Salary: _____

Supervisor's Name: _____ Reason for Leaving: _____

May we contact your employer? Yes No

Describe work performed: _____

Name of Employer: _____ Telephone: (____) _____

Address: _____ Job Title: _____

Employment Dates: _____ to _____ Rate of Pay / Salary: _____

Supervisor's Name: _____ Reason for Leaving: _____

May we contact your employer? Yes No

Describe work performed: _____

Name of Employer: _____ Telephone: (____) _____

Address: _____ Job Title: _____

Employment Dates: _____ to _____ Rate of Pay / Salary: _____

Supervisor's Name: _____ Reason for Leaving: _____

May we contact your employer? Yes No

Describe work performed: _____

PERSONAL/PROFESSIONAL REFERENCES

Do not include any family members or previous supervisors.

| Name | Mailing Address | Telephone Number | Occupation |
|------|-----------------|------------------|------------|
| | | | |
| | | | |
| | | | |

Have you ever been convicted of a crime or pled guilty as part of a deferred judgment? Yes No

If yes, list all crime(s), court(s), approximate date(s), and disposition of the case(s)? _____

Do you have a valid driver's license? Yes No

Are you eligible to receive a "Support" or "Key" Gaming License (if required) from the Division of Gaming?
 Yes No

ACKNOWLEDGEMENT

I hereby acknowledge that the information I have supplied is complete and correct to the best of my knowledge, and I understand that any falsification, omission, misrepresentation, or misstatement of any information or facts shall be grounds for rejection of my application for employment and/or dismissal from subsequent employment.

Applicant Signature

Date



ACKNOWLEDGEMENT AUTHORIZATION AND RELEASE

I understand that neither this document nor any offer of employment from the Sky Ute Casino (Casino) constitutes a valid employment contract.

I understand that the Casino reserves the right to interview applicants in order to obtain further clarification on education, experience, knowledge and skills to determine whether the applicant meets the minimum qualifications for the position. Granting an interview neither confirms an applicant has met the minimum qualifications of the position nor does it assure employment.

I understand that consideration for employment in this position is contingent upon the results of a reference and/or background check and drug test. I therefore authorize the Casino to investigate all statements made on my application for employment and to discuss the results of its investigations with those responsible for hiring. I further authorize the Casino to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for the former employer(s) and other contacted persons to respond to questions pertaining to information on this application for employment. Furthermore, I release from liability the Casino and such former employer(s) or other persons contacted by, and providing information to, the Casino.

I understand that if I am hired, the Casino has the right to search desks, lockers, handbags, briefcases, personal belongings, or vehicles brought onto the Casino premises. I understand that all electronic communications sent, received, or stored on the Casino systems are the property of the Casino. Furthermore, I acknowledge that the Casino has the right to monitor my e-mail and internet use, and that such monitoring can include intercepting, copying, printing, or reading all e-mail entering, leaving or stored on the system.

I understand that if I am hired, benefits, rules and policies of the Casino may be changed, modified, eliminated or added at any time at the Casino's sole discretion and without prior notice.

I acknowledge that the information I have supplied is complete and correct to the best of my knowledge and understand that any falsifications, omissions, misrepresentation and/or misstatements of information or facts may be grounds for rejection of my application for employment or dismissal from subsequent employment.

Applicant Signature

Date



CONSENT AND RELEASE FOR DRUG & ALCOHOL TESTING

In accordance with the Sky Ute Casino Drug Free Workplace Policy, I agree to comply thereby for purposes of applying for and, if offered, accepting employment with the Casino.

Specifically, I understand that any offer of employment is conditional upon my taking and passing a pre-employment drug test. I agree to undergo drug screening of my urine for purposes of assuming employment. I further understand and agree that, once employed, upon reasonable suspicion, on a random basis, or if I am involved in an accident or safety incident, I will be subject to further drug and alcohol testing of my urine or breath as a condition of employment. I hereby authorize any Casino designated physician, laboratory, hospital, medical professional, or other professional certified to perform such screening, to conduct the appropriate screening and to provide the results thereof to the Casino.

I further release and provide consent that physicians, laboratories, hospitals, medical professionals, or other professionals may provide to the Casino any information regarding medical or professional authorization for prescription drugs which may affect or impact test results.

I release any such designated institution or person from liability for such disclosure.

Furthermore, I understand and agree that, once employed, certain areas, such as my work area, desk, files, any Casino vehicle, my personal vehicle, lunch box, wallet or purse, may be subject to search on suspicion of possession of illegal substances depending upon the circumstances, as set forth in the policy.

Applicant Signature

Date