

Burns Paiute Tribe
The Old Camp Casino

2205 W. Monroe Ave
Burns, OR 97720



**AUTHORIZATION TO RELEASE CREDIT, CHARACTER
AND PERSONAL HISTORY INFORMATION**

HAVING MADE APPLICATION WITH THE OLD CAMP CASINO, I HEREBY AUTHORIZE A COMPLETE INVESTIGATION INTO MY RECORD INCLUDING PERSONAL HISTORY, ACADEMIC RECORD, JOB PERFORMANCE, MILITARY PERSONNEL HISTORY, DRIVING RECORD, AND CRIMINAL ARRESTS AND CONVICTIONS. I AUTHORIZE THE BURNS PAIUTE TRIBAL POLICE, OR ANOTHER POLICE AGENCY AUTHORIZED TO CONDUCT APPLICANT INVESTIGATIONS, TO ASCERTAIN ANY AND ALL INFORMATION WHICH MAY CONCERN MY CREDIT AND CHARACTER, WHETHER SAME IS OF RECORD OR NOT, AND RELEASE THE OLD CAMP CASINO/BURNS PAIUTE TRIBE AND ALL PERSONS OF THE REQUESTED INFORMATION IS TO DETERMINE THE ELIGIBILITY OF INDIVIDUALS TO BE EMPLOYED BY THE OLD CAMP CASINO/BURNS PAIUTE TRIBE. I FURTHER ACKNOWLEDGE THAT I AM AWARE THE RESULTS OF THIS INVESTIGATION ARE CONFIDENTIAL FOR THE OLD CAMP CASINO USE ONLY, AND WILL NOT BE DISCLOSED TO MYSELF OR ANY OTHER PERSON WITHOUT PROPER AUTHORIZATION.

NAME: _____ DATE OF BIRTH: _____

ANY OTHER NAME EVER USED: _____

DRIVERS LICENSE NUMBER: _____ STATE OF LICENSE: _____

SOCIAL SECURITY NUMBER: (OPTIONAL) _____

ZIP CODE: _____

APPLICANT SIGNATURE: _____ DATE: _____

PERSON CONDUCTING INVESTIGATION: _____

SIGNATURE: _____ DATE: _____

Employment Application



Employment preferences are provided to qualified Burns Paiute Tribal Members. The Old Camp Casino strives to be an equal opportunity employer dedicated to the policy of nondiscrimination based on race, sex, marital status, sexual orientation, religion, national origin, age, mental or physical disability, veteran status or any other non job-related factor. Any person requiring reasonable accommodation in the application process should contact Human Resources.

Instructions:

Complete all necessary information. Applicants may be asked to provide additional information on separate forms. This application will be kept on file for a period of 90 days. It is the applicant's responsibility to periodically check and update their application. Please sign and date this application. All applicants will be required to complete this employment application to be considered for any open position with The Old Camp Casino. **A resume will not substitute for a completed employment application. Please print**

2205 W. Monroe Ave
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Phone: 541-573-1500
Fax: 541-573-3963

Personal Information

____-____-____ Social Security# _____ Name: (First) (Last) (M.I.)

_____ Mailing Address _____ Apartment#

City _____ State _____ County _____ Zip code _____
(____) _____ - _____ (____) _____ - _____ (____) _____ - _____

Home Phone _____ Message Phone _____ Mobile Phone _____ Other Phone _____

Other Names Used (Nicknames & Aliases)

Application

Position(s) Applying for (Include all work experience for the positions applied for.)

Request Rate of Pay \$ _____ per _____

Preferred Shift _____ Grave yard _____ Day _____ Swing _____ Any _____

Type of work applying for _____ Seasonal _____ Full time _____ Part time _____ Any _____

Have you ever been employed here before? _____ Yes _____ No

____/____/____ Termination Date _____ Badge # _____ Position _____ Supervisor's Name

Do you have the legal right to be employed in the United States? If yes, you will need proof upon hire. _____ Yes _____ No

Are you at least 21 years of age? _____ Yes _____ No

If you are a member of the Burns Paiute Tribe please enter your enrollment number. _____ Enrollment #

Do you have a relative associated with or employed by The Old Camp Casino? _____ Yes _____ No

Please list on the lines provided any relatives and their position

Do you have a valid Drivers License? _____ Yes _____ No
Number _____ State _____

Have you been convicted of a felony?

____ Yes ____ No

Have you ever been arrested?

____ Yes ____ No

If yes, you will be required to provide all dates and reasons. This is required to obtain a TGRA gaming license. Please use the back of this form for additional information.

Name: _____ Date: ____/____/____ Place: _____ Charge: _____

Disposition of case _____

Qualifications

Grammar School	5	6	7	8	Vocational Training	_____
GED	__ Yes		__ No		Training Fields	_____
High School	9	10	11	12	_____	_____
College	1	2	3	4	Degree(s) Received /GPA	_____
	5	6	7	8	_____	_____

List any special skills _____

List all certifications you currently hold _____

Do you have a current Food Handler's Card? _____ OLCC?

Previous Employment

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment for the past ten (10) years. Do not leave any gaps in employment. You may fill in gaps with "Student", "Unemployed", "Homemaker", etc. **If you do not want us to contact your previous employer place an X on the line next to the employer.**

1 _____ (_____) _____
 Company Name Phone
 Address City State Zip
 ____/____/____ ____/____/____ \$ ____ per ____
 Employed From Employed to Last Wage Immediate Supervisor
 Job Title Reason for leaving
 List all job duties _____

2 _____ (_____) _____
 Company Name Phone
 Address City State Zip
 ____/____/____ ____/____/____ \$ ____ per ____
 Employed From Employed to Last Wage Immediate Supervisor
 Job Title Reason for leaving
 List all job duties _____

3 _____ (_____) _____
 Company Name Phone

Address City State Zip
 _____/_____/_____ \$_____ per _____
 Employed From Employed to Last Wage Immediate Supervisor

Job Title Reason for leaving _____

List all job duties _____

4 _____ (_____) _____
 Company Name Phone

Address City State Zip
 _____/_____/_____ \$_____ per _____
 Employed From Employed to Last Wage Immediate Supervisor

Job Title Reason for leaving _____

List all job duties _____

5 _____ (_____) _____
 Company Name Phone

Address City State Zip
 _____/_____/_____ \$_____ per _____
 Employed From Employed to Last Wage Immediate Supervisor

Job Title Reason for leaving _____

List all job duties _____

Personal References:

 Name Address Phone Number

 Name Address Phone Number

 Name Address Phone Number

Referral:

Employee (First and Last Name) _____ Department _____
 College Recruit _____ State Agency _____
 Job/Employment Fair _____ Vocational Rehab Agency _____
 Minority Agency _____ Other _____
 Internet Website _____ Walk in _____
 Tribal Newsletter _____

Authorization Please read & initial each line

I understand the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. I understand that nothing contained in this employment application or in granting of an interview is intended to create a contract between myself and this company, for either my employment or the provision of any benefits. I further understand that if an employment relationship subsequently is established I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by myself and an authorized representative of the company. _____
Initials

I understand that if I am considered for employment, The TGRA, a separate regulatory agency of the Burns Paiute Tribe, will investigate my background and employment history including a credit and record check because I am applying for a position that requires a gaming license. I specifically consent to this investigation _____
Initials

I certify that all answers to questions in this application and additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or discharge if hired. I hereby authorize investigation of all statements provided during the application process and all references to give The Old Camp Casino, and TGRA, any and all pertinent information they may have, personal or otherwise, and release from all liability or responsibility, The Old Camp Casino, TGRA, any agent of either entity and all persons, companies or corporation providing information to the TGRA about me. _____
Initials

I understand that all final applicant receiving job offers for positions, including full-time, part-time, and temporary, may have to be required to take a random drug test. Individuals with positive drug testing results will not be hired and may not apply or be considered for employment for 6 months after positive drug test results. _____
Initials

Applicants Signature Date

Human Resources Use Only				
____/____/____ Date Submitted	_____ Received by Additional Information	_____ Date	_____ Badge # Additional Information	_____ Date
☐SSV				