# Ohiya Casino & Resort OHIYA MEANS WIN

Owned and Operated by the Santee Sioux Nation

Dear Applicant,

Thank you for your interest. You are applying for a position with Ohiya Casino & Resort. To give you the best opportunity for employment, please complete this application accurately and completely. All positions require a gaming license; please apply for those positions for which you are eligible. All applicants must review the suitability form attached to the application prior to applying.

Ohiya Casino & Resort does on-site drug testing. Personnel administering the drug test to a potential employee are certified to do so according to policy and procedure. You have been made aware of on-site drug testing. On-site Drug Testing includes Pre-Employment drug tests, Random drug tests, Suspicion drug tests, Post accident drug tests, Annual drug tests, Quarterly drug tests, and any other drug tests for reasons with probable cause that management has witnessed.

Upon hire an I-9 form must be completed. The I-9 requires two forms of identification. Sec. #606 (A) (1) of the Fair Credit Reporting Act sets forth requirements about full disclosure, thereby information obtained can be reviewed if request in writing, within a reasonable period of time.

Also, all personnel must be in the process of obtaining a GED/High School Diploma prior to applying. You hereby authorize Ohiya Casino to verify the application information. Information requested is Job Related, a Business Necessity, and a Bonafide Occupation Qualification.

#### All applications must be complete to be considered for employment.

Once again, thank you for applying to the Ohiya Casino & Resort!

Sincerely,

Human Resources Department Ohiya Casino & Resort 53142 Highway 12 Niobrara, NE 68760 Fax: (402) 857-3016

Revised: September 22, 2018



#### APPLICATION FOR EMPLOYMENT

OHIYA CASINO & RESORT + 53142 HIGHWAY I2 + NIOBRARA, NE 68760

DATE OF APPLICATION:	
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#### PERSONAL INFORMATION

All applications must be co	mplete to be considered for emplo	oyment. Please Type or Print in ink.
(Last Name)	(First Name)	(Middle Name)
(Street Address & Box #)	(City)	(State and Zip)
Email:	Phone:	
Date of Birth:		
IN CASE OF EMERGENCY, NOTIFY: Name:	Relation:	
Phone:	Address:	
INDIAN PREFERENCE Are you an enrolled member of the Santee	Sioux Nation?	□ Yes □ No
Fill out if you are claiming Inc.  Is your spouse an enrolled member of the If yes, please list his/her name:	ne Santee Sioux Nation?	rolled member of the Santee Sioux Nation. □ Yes □ No
Are either of your parents enrolled men If yes, please list his/her name:	nbers of the Santee Sioux Nation?	□ Yes □ No
Are you enrolled in a federally recogniz  If yes, please list his/her name:		ux Nation? □ Yes □ No
	POSITION DESII	PED
Position(s) applying for (Be Specific):		
Do you desire: Full-Time:		
Are you at least 16 years of age?		□ Yes □ No
Are you able to work in a smoke-filled environment?		□ Yes □ No
If hired, can you present evidence of proof	of your legal right to work in the U	nited States? □ Yes □ No
Have you ever been employed with the Ohiy	ya Casino & Resort?	□ Yes □ No

	VETERA1	NS STATUS	
Are you a Veteran?		Branch of Service:	
Discharge Status:		Rank when discharged?	
	PHYSICAL/HE	ALTH HISTORY	
	Applicants may be requi	red to pass a physical exam.	
List of physical limitations:			
Are you taking any medications	of any kind?		
Are you physically capable of he	eavy manual work?		
Have you ever been injured on t Please explain Give nature & ex	•		
Have you ever received workers	s compensation benefits?   Yes	s □ No	
	EDUC	CATION	
School & Address:	4 Graduated? 4 Graduated?		
		Major:	
If in the process of a GED pleas	e explain:		
OFFICE SKILLS	□ Yes □ No	PLEASE CIRCLE ANY PROGR	AMS YOU ARE
OFFICE SKILLS Typing: Number of WPM:	□ Yes □ No	FAMILIAR OR PROFICIENT II	N:
OFFICE SKILLS Typing: Number of WPM: Calculator:	□ Yes □ No		
OFFICE SKILLS Typing: Number of WPM: Calculator: PC Experience:	□ Yes □ No □ Yes □ No □ Yes □ No	FAMILIAR OR PROFICIENT II	N:
OFFICE SKILLS Typing: Number of WPM: Calculator: PC Experience: Pointe of Sale Systems:	☐ Yes ☐ No	FAMILIAR OR PROFICIENT II  Word OneNote  Excel Publisher	N:
OFFICE SKILLS Typing: Number of WPM: Calculator: PC Experience: Pointe of Sale Systems:	□ Yes □ No □ Yes □ No □ Yes □ No	FAMILIAR OR PROFICIENT II  Word OneNote  Excel Publisher	N:

### GENERAL INFORMATION

Are you a U.S. Citizen? $\square$ Y *Pursuant to the immigration reform		nt shall complete a Department of Homeland Security form 1-9 along with	application.
Have you ever been arrested?	? □ Yes □ No		
Year? F	Explain:		
Have you ever been convicted	-		
Year? F	Explain:	uitability document attached)	
		•	
-	ed from a former employer?   Explain:	J Yes ⊔ No	
	ng for the Ohiya Casino & Reso		
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rion ara you nour acout as re			
	LICENSING	INFORMATION	
	ication for a gaming license?		
		When:	
		on:	
Explain:			
	EMPLOYM	MENT HISTORY	
		complete information about any full-time or part-time employment job first - be sure to list all telephone numbers.	ent,
1. Company Name:		Telephone #:	
Address:			
Dates of Employment: Start:	End:	Salary/Wage:	
State Position and Describe Y	Your Duties:		
Reason for Leaving:			
2. Company Name:		Telephone #:	
		Salary/Wage	

State Position and Describe Your Duties:			
Reason for Leaving:			
3. Company Name:	Tele	phone #:	
Address:			
Supervisor's Name and Title:			
Dates of Employment: Start:	End:	Salary/Wage:	
Reason for Leaving:			
Please list three (3) references (w	REFEREN (	CES we may contact. Please do not include relative	s.
1			
(Name of Reference)	(Address)	(Phone)	
How do you know this person?			
How many years/months known?			
2(Name of Reference)	(Address)	(Phone)	
· · · · · · · · · · · · · · · · · · ·		(Thone)	
3			
(Name of Reference)	(Address)	(Phone)	
How do you know this person?			
How many years/months known?			

## NOTICE TO APPLICANTS SUITABILITY DOCUMENT



Any decision to hire an applicant is dependent upon a Suitability Determination. Convictions must be disclosed on the application for employment. For your information, the following felony restrictions apply:

CONVICTION	INELIGIBLE DEPARTMENTS	INELIGIBLE TIME
ASSAULT-FELONY	All Departments	5 Years from date of conviction all departments. Beyond 5 years review on a case by case basis except Surveillance, Security, Drop/Count
BREAKING-ENTERING-BURGLARY	All Departments	Always
TRESPASSING	Surveillance, Security, Drop/Count	Review on a case by case basis.
DISORDERLY CONDUCT	Surveillance, Security, Drop/Count	Review on a case by case basis.
DRUG OFFENSE-FELONY OR GROSS MISDEMEANOR	All Departments	5 Years from date of conviction all departments. Beyond 5 years review on a case by case basis except Surveillance, Security, Drop/Count
DRUG OFFENSE-MISDEMEANOR	Surveillance, Security, Drop/Count	Review on a case by case basis.
FAILURE TO PAY CHILD SUPPORT	Surveillance, Security, Drop/Count	Review on a case by case basis.
HOMICIDE	All Departments	Always
THEFT, GAMBLING, EMBEZZLEMENT, COUNTERFEIT, FORGERY, BRIBERY, ROBBERY, RECEIVING STOLEN PROPERTY, MOTOR VEHICLE THEFT	All Departments	Always
RETURNED CHECKS (NSF OR ACCOUNT CLOSED)-FELONY OR GROSS MISDEMEANOR	All Departments	5 Years from date of conviction all departments. Beyond 5 years review on a case by case basis except Surveillance, Security, Drop/Count
SEX OFFENSE-FELONY OR GROSS MISDEMEANOR	All Departments	5 Years, then reviewed case by case
DUI-FELONY OR GROSS MISDEMEANOR	Surveillance, Security, Drop/Count	5 Years from date of conviction. Beyond 5 years review on a case by case basis, except Valet

Please be sure your application is completed thoroughly answer all the questions – it is to your advantage. Applications are kept on file for 1 year. Suitability questions should be referred to the gaming commission (Robert Whipple).

I, certify that this information is accurate and complete. Giving inco is a serious matter and is grounds for dismissal and forfeiture of rela and hiring demand employer compliance, I hereby acknowledge that regarding my character, general reputation, personal characteristics such inquiry, if one is made, will be available upon written request.	ted benefits. Laws and regulations applying to employment the Ohiya Casino may request to procure information
SIGNATURE	DATE

#### DO NOT WRITE BELOW THIS LINE

	FOR OFFICE USE ONL	_Y	
Date Received		-	 
Response Letter		-	 
Not Considered		-	 
Interview Date		_	
Offered		_	
Start Date		-	 
Employment Check		-	 
Termination Date		_	 
Transfer Date		-	 
If transfer, list department transferr	ing to?		 