



Seneca Gaming Authority Employment Application

345 Third St. – Suite 404, Niagara Falls, NY 14303 Phone (716) 299-1246 Fax: (716) 299-1247

777 Allegany Blvd., Salamanca, NY 14779 Phone: (716) 244-5330 Fax: (716) 244-5407

180 Perry St., Buffalo, NY 14204 Phone: (716) 710-4446 Fax: (716) 853-1691

The Seneca Gaming Authority will not discriminate against any applicant or employee on the basis of race, ethnicity, color, religion, gender, age, marital status, physical or mental disability, or national origin. (Preference will be given to enrolled Seneca's) We encourage woman, minorities, individuals with disabilities and veterans to apply to all our job openings.

Pre-Employment Drug Screening is Mandatory

If you need assistance completing this application, please call the SGA HR Department at (716) 244-5330.

- Please be sure that the information you provide is **COMPLETE** and **ACCURATE**. **Incomplete applications could delay processing your application.**
- The Release Authorization form must be signed and notarized prior to submission to the SGA HR Dept.
- If selected for employment, **you must complete the licensing application**, pass a background investigation and be approved for and maintain a Nation Key License throughout your employment.

Clearly Print All Information – Use Ink

Please check which site (s) the position is located:

____ Niagara Falls ____ Buffalo ____ Allegany ____ Irving ____ Any

PERSONAL INFORMATION

Social Security No.: ____ - ____ - ____

Name: _____
(Last Name) (First Name) (Middle Initial)

List Any Other Names or Aliases Which you Have Used: _____

Address: _____
(Street Address) (City) (State) (Zip) (County)

Mailing Address if Different Than Above: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail Address: _____

Are You 18 Years of Age or Older? ____ Yes ____ No

EMPLOYMENT INTEREST

Open position(s) you are applying for: 1st Choice _____
2nd Choice: _____

NATIVE STATUS

Are you an enrolled member of the Seneca Nation of Indians? ____ Yes ____ No
Your enrollment number: _____

Are you an enrolled member of any other Indian Nation or Tribe? ____ Yes ____ No
If yes, please identify your tribe: _____ Your enrollment number: _____

Are you supporting or married to an enrolled Seneca? ____ Yes ____ No

EDUCATION, SPECIAL SKILLS AND AFFILIATIONS

SCHOOL NAME (High school /TASC/ Trade/ College)	SCHOOL ADDRESS	Did you Graduate?	Degree Received	Major/Minor

List any of your professional licenses or certifications: _____

List organizations in which you participate or have participated in that you feel are relevant to the applied position(s). Consider school, business, professional, or community affiliations: _____

List any skills you have that you feel are relevant to the position that you are applying for:
1. _____
2. _____
3. _____

COMPUTER SKILLS

Data Entry (Typing) skills:

Yes

No

WPM

Software Knowledge:

Word

Excel

Access

Power Point

Advanced Computer Skills, if applicable:

Operating System:

Windows

Other

EMPLOYMENT HISTORY for the past ten (10) years - Beginning with your most recent employer.
(If you have a resume, you must still complete this section in full)

Employer:	Job Title:	
Employer's Address:	City & State:	Zip Code:
Dates of Employment: From: To:	Supervisor's Name & Phone	May we contact Employer: ____Yes ____ No
Major Duties:	Reason For Leaving:	Rate of Pay: Hourly

Employer:	Job Title:	
Employer's Address:	City & State:	Zip Code:
Dates of Employment: From: To:	Supervisor's Name & Phone	May we contact Employer: ____Yes ____ No
Major Duties:	Reason For Leaving:	Rate of Pay: Hourly

Employer:	Job Title:	
Employer's Address:	City & State:	Zip Code:
Dates of Employment: From: _____ To: _____	Supervisor's Name & Phone	May we contact Employer: ____ Yes ____ No
Major Duties:	Reason For Leaving:	Rate of Pay: Hourly _____

Employer:	Job Title:	
Employer's Address:	City & State:	Zip Code:
Dates of Employment: From: _____ To: _____	Supervisor's Name & Phone	May we contact Employer: ____ Yes ____ No
Major Duties:	Reason For Leaving:	Rate of Pay: Hourly _____

REFERENCES – Please list three (3) work related references – Do not list relatives.

Name	Address	Phone Number	Years Known

DRIVING HISTORY

Do you currently possess a valid driver's license? ____ Yes ____ No If so, in what state? _____	
Have you ever been involved in any motor vehicle accident?	____ Yes ____ No
Do you presently have any restrictions on your driver's license?	____ Yes ____ No
Have you been convicted of any moving violation during the past five years?	____ Yes ____ No
If you answered "Yes" to any of the previous three questions, please explain here: _____	

SECURITY DATA

Have you ever been Arrested? ____ Yes ____ No

If yes, please explain the Circumstances: _____

Have you ever been convicted of a misdemeanor? ____ Yes ____ No

If yes, please explain: _____

Have you even been convicted of a felony? ____ Yes ____ No

If yes, please explain: _____

Have you ever been employed by the Seneca Gaming Authority? ____ Yes ____ No

If yes, when were you employed? _____ Where? _____

Have you ever been employed by the Seneca Gaming Corporation? ____ Yes ____ No

If yes, when were you employed? _____ Where? _____

Have you ever been employed by the Seneca Gaming & Entertainment? ____ Yes ____ No

If yes, when were you employed? _____ Where? _____

APPLICANTS STATEMENT

I certify that the information submitted by me in this application is true and complete. I understand that Seneca Gaming Authority may reject my application, or terminate my employment if I am employed, upon discovery of any misrepresentation or omission of fact.

I authorize Seneca Gaming Authority to obtain verification of all information provided in this application and any other job-related information considered pertinent by Seneca Gaming Authority in arriving at any employment decision, including my social security number, education, prior employment, financial history and criminal record.

I have disclosed to the best of my knowledge, **under separate cover**, all family members working within the Seneca Gaming Authority, Seneca Gaming Corporation or Seneca Gaming & Entertainment. Family members are defined as spouse, domestic partner, parent, child, brother, or sister; aunt, uncle, nephew, niece, spouse's parent, child's spouse; grandparent or grandchild and any member of the employee's household where, due to the nature of the relationship were as though they were related and thus deems them "family".

I understand and acknowledge that an employment relationship with Seneca Gaming Authority is of an “at will” nature. This means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

If I am employed by Seneca Gaming Authority I understand that false information provided in my application, interview(s) or licensing process may result in discharge. I understand that I am required to abide by all rules and regulations of Seneca Gaming Authority; I also understand that an offer of employment is contingent upon successful completion of criminal checks, reference checks and drug tests. I further understand to be employed with Seneca Gaming Authority I must be able to be approved for and maintain a valid Nation Key License.

I further understand that Seneca Gaming Authority is a drug free workplace. If I accept a job offer, I understand that I will be tested for substance abuse and that any offer of employment is contingent upon successfully passing the substance abuse test. I also agree to submit to substance abuse tests during the course of my employment, as Seneca Gaming Authority deems reasonable and necessary.

Applicant Signature

Date



Seneca Gaming Authority

RELEASE AUTHORIZATION

To all courts, Probation Departments, Selective Service Boards, Employers, Educational institutions, Banks, Financial and Other Such institutions, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

I, _____ have
(Print name)

Authorized the Seneca Gaming Authority to conduct a full investigation into my background activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Seneca Gaming Authority, provided that he or she certifies to you that I have an application pending before the Seneca Gaming Authority or that I am presently a licensee.

A photo static copy of the authorization will be considered as effective and valid as the original.

Dated: _____ (Legal Signature)
(Signature of applicant)

Subscribed and sworn to before me on this _____ day
of _____, 20____

Notary Public State