

# SENECA GAMING AUTHORITY

## Employment Application

Please indicate appropriate location:

<input type="checkbox"/> Niagara Falls	<input type="checkbox"/> Buffalo
<input type="checkbox"/> Allegany	<input type="checkbox"/> Irving
<input type="checkbox"/> Any	

1. Please be sure that the information you provide is COMPLETE and ACCURATE.
2. If you are selected for employment, you will be required to provide documentation of your identity.

Clearly Print All Information – Use Ink

### 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: 1<sup>st</sup> Choice \_\_\_\_\_  
2<sup>nd</sup> 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: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Enrollment Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**EDUCATION**

	Name and Address of School Attended	Did you Graduate?	Scholastic Average	Degree Received	Major/Minor
High School/G.E.D.					
College/Trade/Technical					
College/Trade/Technical					
College/Trade Technical					
Graduate Degrees					

**SPECIAL SKILLS AND AFFILIATIONS**

List any of your professional licenses or certifications: \_\_\_\_\_

List any foreign languages in which you are fluent: \_\_\_\_\_

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 up to three (3) key professional, technical, gaming, entertainment, or skills you would bring to this position:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**COMPUTER SKILLS**

Data Entry (Typing) skills:      \_\_\_ Yes      \_\_\_ No      \_\_\_ WPM

10-Key:                                \_\_\_ Yes      \_\_\_ No

Software Knowledge:            \_\_\_ Word      \_\_\_ Excel      \_\_\_ Access      \_\_\_ Power Point

Advanced Computer Skills, if applicable:

Operating System:            \_\_\_ Windows      \_\_\_ AS400      \_\_\_ Other

Software Packages: \_\_\_\_\_

**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) references – Do NOT list employers or family members

	Name	Address	Phone Number	Years Known
1				
2				
3				

**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? \_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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.

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Applicant Signature

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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 hav 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