



Seminole Tribe of Florida Employment Application

- | | | | |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Hollywood Classic | <input type="checkbox"/> Hollywood Hard Rock | <input type="checkbox"/> Coconut Creek | <input type="checkbox"/> Gaming |
| <input type="checkbox"/> Immokalee | <input type="checkbox"/> Tampa Hard Rock | <input type="checkbox"/> Brighton | <input type="checkbox"/> Big Cypress |

Gaming **Non-Gaming**

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a completed and accurate manner, as no action can be taken on this application until ALL area are fully completed. To be employed, applicant/employee must pass a drug test(s), apply for, obtain and remain eligible for the appropriate Tribal Work Permit/Gaming License depending upon the position.

First Name	M	Last Name	Social Security Number
Current Street Address		How long at Current Address (Yrs/Mos) <small>**See Page 4</small>	
City		State	Zip Code
Telephone No.	Cell No.	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List other names you are known by or have used previously:			
Do you have experience in gaming/hospitality? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain where you worked and your job title and duties: _____			
Seminole Casinos are wholly owned by the Seminole Tribe of Florida and located within Sovereign territory. The Seminole Tribe of Florida practices Tribal preference and Indian preferences in hiring. Are you a Seminole of Florida Tribal Member? <input type="checkbox"/> Yes, Enrollment No. _____ <input type="checkbox"/> No If not Seminole, are you a registered member of another federally recognized Native American Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide appropriate Tribe & Enrollment number: _____			
Have you been employed by the Seminole Tribe of Florida or any of its casinos? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list dates employed, location, department, title, salary and supervisor's name: _____			
Position applying for or area of Interest		Hourly/Salary Desired:	
Employment Preference: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either		Specify any days of the week and/or hours you CAN NOT work:	
Do you have any friends/relatives that work here? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate name & location:	
Do you have a valid state ID/Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate state & number:	
Languages			
Do you speak any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which language?	
Do you read any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which language?	
Do you write any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which language?	

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Education																					
Circle Highest Year Completed		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
High School Name:										Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No					GED Received: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Address:										City					State			Zip			
College Name:										Major:					<input type="checkbox"/> Degree <input type="checkbox"/> Certificate						
Address:										City					State			Zip			
Other Technical Schools Name:										City					State			Zip			
Computer Experience:																					
Please list any other skills/abilities or any other information you wish to have considered as part of your application for employment:																					
Employment																					
Please list the past five (5) years (if applicable) of employment history, starting with the most recent. <i>If you are applying for a position of a Manager, Director or above, you are required to list the last ten (10) years of employment history.</i>																					
1	Employers Name:										Date of Employment:										
										From					To						
Address:										City:					State:			Zip:			
Job Title & Duties:																					
Name of Supervisor:										May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					Phone No.						
Salary: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Starting \$ Ending \$										Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit <input type="checkbox"/> Discharged											
2	Employers Name:										Date of Employment:										
										From					To						
Address:										City:					State:			Zip:			
Job Title & Duties:																					
Name of Supervisor:										May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					Phone No.						
Salary: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Starting \$ Ending \$										Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit <input type="checkbox"/> Discharged											
3	Employers Name:										Date of Employment:										
										From					To						
Address:										City:					State:			Zip:			
Job Title & Duties:																					
Name of Supervisor:										May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					Phone No.						
Salary: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Starting \$ Ending \$										Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit <input type="checkbox"/> Discharged											
4	Employers Name:										Date of Employment:										
										From					To						
Address:										City:					State:			Zip:			
Job Title & Duties:																					
Name of Supervisor:										May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					Phone No.						
Salary: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Starting \$ Ending \$										Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit <input type="checkbox"/> Discharged											

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If you are applying for a position of a Manager, Director or above, you are required to list the last ten (10) years of employment history.

Employment (cont'd)			
5	Employers Name:	Date of Employment: From _____ To _____	
Address:		City:	State: Zip:
Job Title & Duties:			
Name of Supervisor:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone No. _____	
Salary: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Starting \$ Ending \$		Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit <input type="checkbox"/> Discharged	
6	Employers Name:	Date of Employment: From _____ To _____	
Address:		City:	State: Zip:
Job Title & Duties:			
Name of Supervisor:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone No. _____	
Salary: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Starting \$ Ending \$		Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit <input type="checkbox"/> Discharged	
7	Employers Name:	Date of Employment: From _____ To _____	
Address:		City:	State: Zip:
Job Title & Duties:			
Name of Supervisor:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone No. _____	
Salary: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Starting \$ Ending \$		Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit <input type="checkbox"/> Discharged	
8	Employers Name:	Date of Employment: From _____ To _____	
Address:		City:	State: Zip:
Job Title & Duties:			
Name of Supervisor:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone No. _____	
Salary: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Starting \$ Ending \$		Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit <input type="checkbox"/> Discharged	
9	Employers Name:	Date of Employment: From _____ To _____	
Address:		City:	State: Zip:
Job Title & Duties:			
Name of Supervisor:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone No. _____	
Salary: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Starting \$ Ending \$		Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit <input type="checkbox"/> Discharged	
10	Employers Name:	Date of Employment: From _____ To _____	
Address:		City:	State: Zip:
Job Title & Duties:			
Name of Supervisor:		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone No. _____	
Salary: <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Starting \$ Ending \$		Reason: <input type="checkbox"/> Resigned <input type="checkbox"/> Quit <input type="checkbox"/> Discharged	

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References

List one (1) from each place you have lived (if applicable). List only character references that have definite knowledge of your qualifications and fitness for the position for which you are applying. List no fewer than three (3) references. (Do **NOT** include relatives, former employers or persons living outside the United States or its territories)

1	Name:		Home Phone:	Time Known:
	Address:		City	State Zip Code
2	Name:		Home Phone:	Time Known:
	Address:		City	State Zip Code
3	Name:		Home Phone:	Time Known:
	Address:		City	State Zip Code

Have you been convicted of a felony? Yes No | If yes, describe in detail (dates, charges, city & state)

Residences

**List the previous ten (10) years beginning with your present address. If rented, list landlord's name, name of building, apartment complex and detailed address. If more space is needed, please use an additional sheet.

1	From	To	Address	County	City/State/Zip Code
2	From	To	Address	County	City/State/Zip Code
3	From	To	Address	County	City/State/Zip Code
4	From	To	Address	County	City/State/Zip Code
5	From	To	Address	County	City/State/Zip Code
6	From	To	Address	County	City/State/Zip Code
7	From	To	Address	County	City/State/Zip Code
8	From	To	Address	County	City/State/Zip Code
9	From	To	Address	County	City/State/Zip Code
10	From	To	Address	County	City/State/Zip Code

Applicant Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I hereby authorize the investigation of all matters contained in this application and give permission to the Employer to contact schools, previous employers and others, and I release the employer from any liability as a result of such contact. I understand misrepresentations, omissions of fact or incomplete information requested in this application may remove me from further consideration for employment. If employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without notice. I understand that my employment with the Seminole Tribe of Florida is at will and for no specific term meaning it may be terminated by me or the Tribe without notice or cause at any time.

Signature	Date
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