



# Application Process

## When Applying



- ▶ Applications must be submitted before the closing date listed on the Weekly Announcements.
- ▶ Applicants will only be considered for the positions that are listed on the Job Announcement.
- ▶ Please be specific if it is a Casino and or Hotel position on application.
- ▶ All sections must be completed and the application must be dated and signed.
- ▶ Incomplete applications will not be processed nor considered.
- ▶ Applications are kept for one year from the date of submission.
- ▶ All applicants must have a current mailing address, telephone number and email address on application.

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### Applications must be submitted with copies of the following supporting documents:



- Accredited High School Diploma/GED Documentation and/or Official College Transcripts
- If claiming Shoshone-Bannock Tribal Member Preference/Descendant, please provide Tribal Identification Card or Certificate of Indian Blood (CIB)
- Valid Idaho State Driver's License or Idaho State Identification
- For positions that require professional licensure and/or certifications, a copy of the license and/or certifications
- If claiming Veterans Preference, a copy of the DD214



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### Submit completed applications to:

Shoshone Bannock Casino & Hotel  
Human Resource Department  
P.O. Box 868

Fort Hall, ID 83203 or email to: [tjohnson@shobangaming.com](mailto:tjohnson@shobangaming.com), [josephine.tuell@shobangaming.com](mailto:josephine.tuell@shobangaming.com)



# Employment Application

Human Resource Department  
 P.O. Box 868 Fort Hall, ID 83203  
 Telephone: (208) 238-4800

Instructions: Please complete. This application is for both Casino & Hotel positions. All areas on application must be completed this includes personal information, criminal history, Native American Preference, education, training, experience, employment history, and references. All applicants must have current mailing addresses and telephone numbers on application. Attach supporting documents includes: Tribal enrollment, honorable discharge (DD214), educational degrees, professional certification, license, and any other documents relevant to your job qualifications. **Incomplete applications will be screened out.**

## Personal

Today's date: \_\_\_\_\_

First Name: _____ <small>Mr. Mrs.: Ms</small>	Last Name: _____	MI: _____	Sex: _____ <small>Male      Female</small>
Alias: _____	Mailing Address: _____	City: _____	State: _____ ZIP _____
Telephone: _____	Message: _____	Email: _____	
Enrolled Shoshone-Bannock Tribal Member? .....>		No <input type="checkbox"/> Yes <input type="checkbox"/>	Enrollment No: _____ Must provide Certificate of Indian Blood Tribal Affiliation: _____
Descendent of an enrolled Shoshone-Bannock Tribal Member? .....>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Are you an enrolled member of another Federally Recognized Tribe? .....>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Are you 18 years of age or older? .....>		No <input type="checkbox"/> Yes <input type="checkbox"/>	If "yes" when: _____ Position: _____
Are you legally eligible for employment in the United States? .....>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Have you worked for the Casino or Hotel before? .....>		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Have you ever had your Gaming License revoked? .....>		No <input type="checkbox"/> Yes <input type="checkbox"/>	

## Employment Desired

<b>Desired Positions:</b> 1. _____ 2. _____ 3. _____	
Are you currently employed now?.....>	Yes <input type="checkbox"/> No <input type="checkbox"/>
May we contact your employer? .....>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date available: .....> _____	



## Education & Training

Circle highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a High school diploma or a G.E.D equivalency? No <input type="checkbox"/> Yes <input type="checkbox"/>		Name and location of High School:	
School Name	Years Attended	Did you graduate?		Degree, diploma, or certification:
		No	Yes	
		No	Yes	
		No	Yes	
Describe any other education or training which you feel is relevant to the job(s) for which you are applying. Also include relevant licenses & certifications. Be specific. _____ _____				
Clerical Skills: Typing Speed _____ Shorthand: _____ Computer Experience: _____				
Subjects of Special Studies: _____				

## Employment History

List below all present and past employment starting with your most recent employer. You must complete this section, "see resume" will not be accepted as a substitute for a completed application.

Company Name:	Address:	Telephone Number:
Dates Employed: _____ to _____	Supervisor Name:	Starting Salary: _____ Ending: \$ _____ to \$ _____
Your Job Title:	Reason for leaving:	May we contact your current employer? No <input type="checkbox"/> Yes <input type="checkbox"/>
Describe work duties: _____ _____		

Company Name:	Address:	Telephone Number:
Dates Employed: _____ to _____	Supervisor Name:	Starting Salary: _____ Ending: \$ _____ to \$ _____
Your Job Title:	Reason for leaving:	May we contact your current employer? No <input type="checkbox"/> Yes <input type="checkbox"/>
Describe work duties: _____ _____		

Company Name:	Address:	Telephone Number:
Dates Employed: _____ to _____	Supervisor Name:	Starting Salary: _____ Ending: \$ _____ to \$ _____
Your Job Title:	Reason for leaving:	May we contact your current employer? No <input type="checkbox"/> Yes <input type="checkbox"/>
Describe work duties: _____ _____		

Company Name:	Address:	Telephone Number:
Dates Employed: _____ to _____	Supervisor Name:	Starting Salary: _____ Ending: \$ _____ to \$ _____
Your Job Title:	Reason for leaving:	May we contact your current employer? No <input type="checkbox"/> Yes <input type="checkbox"/>
Describe work duties: _____ _____		

## References

List (3) references (do not list family members):

Name:	Address:	Occupation:	Phone Number:
Name:	Address:	Occupation:	Phone Number:
Name:	Address:	Occupation:	Phone Number:

## Applicant Statement

Please review and sign.

I certify that the information I have given herein is true and complete to the best of my knowledge. I understand that any misrepresentation, omission of facts, failure to disclose, or incomplete answers in any application document will disqualify me from further consideration for employment with Shoshone Bannock Casino & Hotel. I further understand that if employed, any misrepresentation or omissions of facts in any application document will cause for my immediate dismissal.

I understand that, if employed, my employment with Shoshone Bannock Casino Hotel is not for a specific term and may be terminated by me or Shoshone Bannock Casino Hotel with or without notice or cause at any time. I further understand that no oral promise, Shoshone Bannock Casino Hotel policy, customer business practice or other procedure (including Shoshone Bannock Casino Hotel Personnel Handbook or any personnel manuals) constitute an employment contract or modifications of the at-will employment relationship between me and Shoshone Bannock Casino Hotel.

I authorize investigations of all matters outlined in this application. I hereby give Shoshone Bannock Casino Hotel and/or its designed subscriber permission to contact previous employers and personal references, and to conduct investigative background inquiries on me including consumer credit, criminal convictions, motor vehicle and other reports from various Federal, State, and other agencies that maintain records related to the above mentioned items, as well as, claims records on file at insurance companies.

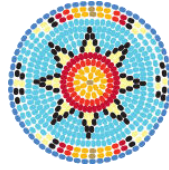
I hereby release Shoshone Bannock Casino Hotel and any person giving or receiving any such information for any purpose related to my employment from liability as a result of such contacts. Information regarding credit and driving history will not be inquired into unless it is necessary and directly related to the job applied for in this application.

## Immigration Reform Act

The Immigration Reform and Control Act of 1986 (Pub. L 99-603) states, new employees are given (3) three business days to produce necessary documents. If the employee has lost or misplaced documents they will be asked to provide a receipt of application for the document. The employee will be given an additional 21 days to provide that original documents. Failure to provide the proper documents in the given amount of time will be considered self-termination.

Tribal Ordinance Resolution #90-0447 directs all Shoshone Bannock Casino & Hotel employees to complete the Federal I-9 form.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# SHOSHONE-BANNOCK

CASINO HOTEL

Shoshone-Bannock Casino Hotel requires a criminal investigation be conducted for all applicants who qualify to fill certain positions within the organization. An investigation will be conducted on all information listed on this form.

## DISCLAIMER AND RELEASE AGREEMENT

This release and authorization acknowledges that we may now, or at any time while you are employed, renting, or volunteering, conducting a verification of your motor vehicle records, & receive any criminal history record information pertaining to you that may be in the files of any federal, state, county, or local criminal justice agency & or other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment under employment policies. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, any false statements or omissions will be considered as cause for dismissal/removal. I do hereby agree to forever release and discharge, employees, & any of its agents to the full extent permitted by law from any claims, damages, losses, liabilities, costs & expenses or any other complaint filed with an agency arising from the retrieving and reporting information. I also authorize civil & or a credit report to be obtained.

<b>PLEASE COMPLETE THE BOTTOM SECTION</b> – Please print neatly.			
First Name:	Last Name:	Full Middle Name:	Alias/Married Last Names:
Social Security Number: ____-____-____	Date of Birth: ____/____/____	Birthplace:	Sex: Male <input type="checkbox"/> Female: <input type="checkbox"/>
Tribal Affiliation: (If enrolled)	Enrollment Number:	Driver's License Number:	State Issued:

### List your addresses for the last seven (7) years. Please print clearly.

Current Address:	City:	State:	Zip:	County:	From / To Dates:
Former Address:	City:	State:	Zip:	County:	From / To Dates:
Former Address:	City:	State:	Zip:	County:	From / To Dates:
Former Address:	City:	State:	Zip:	County:	From / To Dates:
Former Address:	City:	State:	Zip:	County:	From / To Dates:

**Criminal History**                      Felony or Misdemeanors                      YES                       NO

List all charges, convictions & non-convictions need to be listed here. Please list locations (county and state) and date of arrest or charge. Please do not omit any information & print clearly. **Failure to disclose will disqualify applicant from further consideration for employment with Shoshone-Bannock Casino Hotel.**

Date / Place	Charge / Disposition

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Home Telephone Number: (     ) \_\_\_\_\_