



# FEATHER FALLS CASINO

**3 ALVERDA DRIVE  
OROVILLE, CA 95966  
(530) 533-3885**

## APPLICATION FOR EMPLOYMENT

**New Applicant**  
 **Rehire**

**Tribal Member**  
 **Native American**

In compliance with the Privacy Act of 1974, the following information is provided:

Solicitation of the information on this form is authorized by 25 U.S.C. 2701 of seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, Local, or Foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe of the National Indian Gaming Commission in connection with the hiring or firing of an employee, the issuance or revocation of a gambling license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to hire you in a primary management official or key employee position. A false statement on any part of your application may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001). The disclosure of your social security number (SSN) is voluntary. However, failure to supply your SSN may result in errors in processing your application.

**Position(s) Desired:** \_\_\_\_\_

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

Last Name		First Name		Middle Name	
Street Address			Home Telephone ( )		
City, State, Zip Code			Message Telephone ( )		
Are you over the age of 21? <input type="checkbox"/> Yes <input type="checkbox"/> No			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever worked for Feather Falls Casino before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month and year: _____					
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)					
Are you available for full-time work (apart from absence for religious observance)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not, what hours/days can you work? _____					

**List residences for the past 10 years:**

City	County	State	From (Mo/Yr)	To (Mo/Yr)

**Employment History:** List your job history for the past 10 years, beginning with your current or most recent employer. The employer's phone number and dates of employment are required. Continue on the reverse side, if necessary.

Employer:	Address City State Zip Code	Phone
Supervisor:		
Job Title:	Dates of Employment From: _____ To: _____ Wage: Start _____ End _____	
Job Duties: _____ _____ _____		
Why did you leave this position? _____		
Employer:	Address City State Zip Code	Phone
Supervisor:		
Job Title:	Dates of Employment From: _____ To: _____ Wage: Start _____ End _____	
Job Duties: _____ _____ _____		
Why did you leave this position? _____		
Employer:	Address City State Zip Code	Phone
Supervisor:		
Job Title:	Dates of Employment From: _____ To: _____ Wage: Start _____ End _____	
Job Duties: _____ _____ _____		
Why did you leave this position? _____		
Employer:	Address City State Zip Code	Phone
Supervisor:		
Job Title:	Dates of Employment From: _____ To: _____ Wage: Start _____ End _____	
Job Duties: _____ _____ _____		
Why did you leave this position? _____		

**Education:**

Name & Location of School	No. of Years Completed	Date Completed	Degree/Diploma
High School			
College			
Business/Trade/Technical			

**References:** List three personal references. Do not include supervisors listed in the Employment History section.

Name	Address	Phone

I understand the Immigration Reform and Control Act of November 6, 1986, requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. I understand that nothing contained in this employment application or in granting of an interview is intended to create a contract between myself and Feather Falls Casino for either my employment or the provision of any benefits. I further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and Feather Falls Casino will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on Feather Falls Casino unless made in writing and signed by myself and an authorized representative of Feather Falls Casino.

\_\_\_\_\_ Initial

I understand that if I am considered for employment, the Mooretown Gaming Commission, a separate regulatory agency of the Mooretown Rancheria, will investigate my background and employment history, including a credit and criminal record check, because I am applying for a position that requires a gaming license. I specifically consent to this investigation.

\_\_\_\_\_ Initial

I certify that all answers to questions in this application and additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or discharge if hired. I hereby authorize investigation of all statements and references provided during the application process to give Feather Falls Casino and the Mooretown Gaming Commission any and all pertinent information they may have, personal or otherwise, and release from all liability or responsibility, Feather Falls Casino, the Mooretown Gaming Commission, any agent of either entity and all persons, companies or corporations providing information to Feather Falls Casino or the Mooretown Gaming Commission about me.

\_\_\_\_\_ Initial

I understand that all final applicants receiving job offers for positions, including full-time, part-time, and temporary, will have job offers conditioned on satisfactorily passing a drug test. Individuals with positive drug testing results will not be hired and may not apply or be considered for employment for one year after positive drug test results.

\_\_\_\_\_ Initial

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

***Feather Falls Casino is proud to offer a drug free work environment***



**Feather Falls Casino**  
Available Hours of Work

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

Date: \_\_\_\_\_

**Monday through Sunday Day shifts are usually taken by internal employees with seniority.**

Are you available Graveyard shifts ?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are you available Swing shifts?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are you available Weekends?      Yes \_\_\_\_\_      No \_\_\_\_\_

Do you have any work conditions to dates or times you would like us to know about?

---

---

---

---

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**



## FEATHER FALLS CASINO

### *Request, Authorization and Consent to Release of Employment Information*

I request, authorize and consent to the release of information to a representative of Feather Falls Casino Human Resources Department regarding my previous employment. I authorize all past employer or agents that they may designate to respond to verbal or written inquiries from Feather Falls Casino regarding my employment record, including but not limited to positions held, dates of employment, last pay rate, and work performance, disciplinary records, reliability and any incidents of dishonesty, insubordination, violence, and or unsafe, harmful or threatening behavior.

I hereby release and hold any person, casino, organization or previous employer who furnishes information to the Feather Falls Casino Human Resources Department harmless from any claims arising from its investigation of my background.

---

*Name (Please Print)*

---

*Date*

---

*Signature*