



4200 N. Broadway Hinton, Ok 73047
 (405)542-2946 (405)542-2952 (405)542-2949 Fax
www.sugarcreekcasinonet

Office Use Only POSITION:

Application For Employment

Today's Date _____

**Sugar Creek Casino is an Equal Opportunity Employer but does exercise Indian Preference.
 Sugar Creek Casino is a Drug-Free Workplace and Requires Drug Testing of all its employees.**

Please Print All Applications will be kept on file for six months

Last Name	First Name	Middle Name	Are you 21 years of age or older?	
Present Address	Street	City	State	Zip Code
Mailing Address	Street	City	State	Zip Code
Home Phone	Cell/Message Phone		E-mail Address	

Are you seeking: Full-Time Part-Time

What Shift are you Available? All Shifts Days Swing/Evenings Graveyard

Have you ever Applied for a Position at this Casino? No Yes, When? _____

Are you Currently Employed? No Yes, May we Contact your Current Employer? Yes No

Date You Can Start Work? _____ Salary Desired _____

Position(s) Desired

1. _____ 2. _____ 3. _____

Do You Have Gaming Experience? No Yes (If Yes, Answer Below)

Blackjack Roulette Slots Cage
 Poker Keno Craps Baccarat

Do You Have Casino Industry Management or Supervisory Experience? No Yes, Explain.

Cage Supervisor/Manager Security Supervisor/Manager Slot Supervisor/Manager
 Marketing Supervisor/Manager Floor Shift Super/Manager Other

Are You An Enrolled Wichita Tribal Member? Yes No Enrollment Number: _____

Are You Enrolled in another Federally Recognized Tribe? Yes No Name & Verification # _____
 If so, Please Attach Copy of Verification Card

Are you Authorized to Work in the United States? Yes No, Please explain: _____

In Case of An Emergency, Please Notify: Name: _____ Relationship: _____ Address: _____ Phone # _____

Please Note That Failure to Fully and Accurately Complete This Application May Result In Immediate Disqualification of your Application.

Education

Education	Name	City/State	Did You Graduate?	Diploma/Degree
High School			___ Yes ___ No	
Trade/Business			___ Yes ___ No	
College			___ Yes ___ No	
Other(GED)			___ Yes ___ No	

Describe Any Specialized Training, Apprenticeships, Skills, and Other Training Activities:

Describe Any Honors That You Have Received:

Are You An Experienced Operator Of Any Computers, Business Machines Or Equipment? ___ Yes ___ No

___ Copy Machine ___ Personal Computer ___ Advantage System ___ 10 - Key By Touch
 ___ Fax Machine ___ Multi-Line Phone ___ Micros ___ Other

List All Computer Software Programs And Indicate Your Degree Of Proficiency:

Software Program	Proficiency			Comments
	BEGINNER	INTERMEDIATE	ADVANCED	
	BEGINNER	INTERMEDIATE	ADVANCED	
	BEGINNER	INTERMEDIATE	ADVANCED	
	BEGINNER	INTERMEDIATE	ADVANCED	

Criminal History

EMPLOYMENT AT THE SUGAR CREEK CASINO WILL REQUIRE THE APPLICANT TO OBTAIN A LICENSE FROM THE WICHITA TRIBAL GAMING COMMISSION AND MAY REQUIRE CERTIFICATION FROM THE STATE OF OKLAHOMA. TO ASSIST US IN ASSESSING ANY DIFFICULTIES YOU MAY HAVE WITH THE LICENSING AND CERTIFICATION PROCESS, ANSWER THE FOLLOWING QUESTION TRUTHFULLY AND ACCURATELY.

Have You Ever Been Convicted Of A Felony? ___ Yes ___ No

IF YES, PROVIDE THE DATE, LIST THE FELONY AND DESCRIBE THE CIRCUMSTANCES BELOW. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT WITH THE SUGAR CREEK CASINO. IF MORE SPACE IS NEEDED, PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER.

DATE	FELONY	CIRCUMSTANCES

Nepotism Policy

YOU MUST DISCLOSE ANY PERSONS WHO ARE EMPLOYED BY THE SUGAR CREEK CASINO AND WHO ARE RELATED TO YOU BY BLOOD, MARRIAGE, OR WHOM YOU SHARE A RESIDENCE WITH. THIS INCLUDES BUT NOT LIMITED TO IN-LAWS.

NAME OF EMPLOYEE	RELATIONSHIP	DEPARTMENT

PLEASE NOTE THAT FAILURE TO FULLY AND ACCURATELY COMPLETE THIS APPLICATION MAY RESULT IN IMMEDIATE DISQUALIFICATION OR YOUR APPLICATION.

Work History/Employment Experiences

Start with your present or last job and complete fully and accurately. Please include your employment history for the last 5 years. (Include any breaks of employment e.g. unemployment, attending school, etc). Attach additional pages if necessary.

Name of Current or Last Employer	Dates Employed		Reason For Leaving
	From	To	
Address/City/State/Zip	Hourly Rate/Salary		Voluntary Quit
	Beginning	Ending	Involuntary (Explain Below)
Your Job Title	Supervisor Name & Phone #		

Job Duties:

Employer Name	Dates Employed		Reason For Leaving
	From	To	
Address/City/State/Zip	Hourly Rate/Salary		Voluntary Quit
	Beginning	Ending	Involuntary (Explain Below)
Your Job Title	Supervisor Name & Phone #		

Job Duties:

Employer Name	Dates Employed		Reason For Leaving
	From	To	
Address/City/State/Zip	Hourly Rate/Salary		Voluntary Quit
	Beginning	Ending	Involuntary (Explain Below)
Your Job Title	Supervisor Name & Phone #		

Job Duties:

References (Four Professional/Personal References Requested)

A Minimum of Two Work References Required, Exclude Relatives.

Name	Type	Relationship	Phone #
	Work Personal		
	Work Personal		
	Work Personal		
	Work Personal		

State any additional information that you feel may be helpful to us in considering your application:

Applicant Statement (Required)

I UNDERSTAND THE FOLLOWING;

THAT THE CASINO AND/OR TRIBE MAY, AND HEREBY AUTHORIZE IT TO SOLICIT INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, CONVICTION RECORD, DRIVING RECORD, PREVIOUS EMPLOYMENT, AND ALL FORMER EMPLOYERS AND REFERENCES I HAVE LISTED ON MY APPLICATION. ADDITIONAL INFORMATION REGARDING THE NATURE AND SCOPE OF SUCH INQUIRY, IF ONE IS MADE, WILL BE PROVIDED IF REQUESTED. I ALSO AUTHORIZE MY FORMER EMPLOYERS AND REFERENCES TO DISCLOSE SUCH INFORMATION TO THE TRIBE WITHOUT PROVIDING ME WITH PRIOR NOTICE OF SUCH DISCLOSURE. I RELEASE ALL PARTIES AND PERSONS, INCLUDING BUT NOT LIMITED TO THE TRIBE, THE FORMER EMPLOYERS AND REFERENCES I HAVE LISTED ON MY APPLICATION, AND ANY PERSONS OR ENTITIES ACTING ON THEIR BEHALF, FROM ANY LIABILITY FOR FUTURE REFERENCES IT MAY PROVIDE REGARDING MY WORK HISTORY WITH THE CASINO.

I AUTHORIZE ALL INVESTIGATIONS OF ALL STATEMENTS CONTAINED HEREIN. I FURTHER AUTHORIZE THE PERSONS LISTED ABOVE AS REFERENCES TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MIGHT HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT IN FURNISHING SAME TO YOU.

AS A CONDITION OF MY EMPLOYMENT, I AM REQUIRED TO UNDERGO PERIODIC DRUG/CONTROLLED SUBSTANCE TESTING AND OTHER JOB RELATED TESTING WITH OR WITHOUT PRIOR NOTICE. I WILL BE SUBJECTED TO PRE-EMPLOYMENT TESTING, RANDOM TESTING, POST ACCIDENT TESTING, AND REASONABLE SUSPICION TESTING AS DEFINED IN THE SUGAR CREEK CASINO, DRUG AND ALCOHOL POLICY. IF I TEST POSITIVE ON A DRUG/CONTROLLED SUBSTANCE TEST, OR AN ALCOHOL SCREENING TEST, MY EMPLOYMENT MAY BE TERMINATED IMMEDIATELY. I ACKNOWLEDGE THE CONSEQUENCES OF A POSITIVE TEST. MY SIGNATURE BELOW AUTHORIZES SUCH TESTING AS LISTED ABOVE AND THE RELEASE OF TEST RESULTS TO THE SUGAR CREEK CASINO AND THE WICHITA TRIBAL GAMING COMMISSION.

IF EMPLOYED, I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER, AND THAT MY EMPLOYMENT MAY BE TERMINATED AT WILL, AT ANY TIME; AND WITH OR WITHOUT CAUSE, THE EMPLOYER'S ONLY OBLIGATION BEING TO PAY SALARY OR WAGES DUE AND OWING AT THE TIME OF THE TERMINATION.

EMPLOYMENT WITH THE SUGAR CREEK CASINO WILL REQUIRE THE HIGHEST STANDARDS OF PERSONAL HYGIENE AND APPEARANCES AS WELL AS EXCELLENT WORK HABITS. TRAINING AND/OR EMPLOYMENT WITH SUGAR CREEK CASINO WILL REQUIRE CONFORMITY TO RULES RELATED TO APPEARANCE, WORK HABITS, AND OTHER MATTERS. AS A CONDITION OF MY EMPLOYMENT, I MAY BE REQUIRED TO WORK ANY SHIFT.

I FURTHER CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY EMPLOYMENT, PERSONAL HISTORY, CRIMINAL HISTORY, WHICH I HAVE LISTED ON THIS APPLICATION TO THE SUGAR CREEK CASINO AND THE WICHITA TRIBAL GAMING COMMISSION.

I FURTHER ACKNOWLEDGE THAT MY EMPLOYMENT WITH SUGAR CREEK CASINO IS COMPLETELY CONTINGENT ON MY ABILITY TO ACQUIRE A GAMING LICENSE FROM THE WICHITA GAMING COMMISSION. FAILURE TO PROCURE A LICENSE WILL RESULT IN THE RETRACTION OF THE JOB OFFER. I ALSO UNDERSTAND THAT THERE IS A FEE FOR THE GAMING BADGE DUE TO THE EXTENSIVE BACKGROUND INVESTIGATION OF WHICH I WILL BE RESPONSIBLE TO PAY THROUGH DEDUCTIONS FROM MY PAY CHECK.

I AM REQUIRED TO ABIDE BY ALL POLICIES AND RULES OF THE EMPLOYER AND REGULATIONS OF THE WICHITA TRIBAL GAMING COMMISSION.

I UNDERSTAND AND AGREE THAT BY APPLYING TO THE SUGAR CREEK CASINO FOR EMPLOYMENT, I AM SEEKING EMPLOYMENT WITH AN ENTITY WHOLLY OWNED BY AND LOCATED WITHIN THE JURISDICTION OF THE WICHITA AND AFFILIATED TRIBES (WICHITA, KEECHI, WACO, & TAWAKONIE) ("TRIBE"), AND SUBJECTING MYSELF TO THE LEGISLATIVE, REGULATORY, AND ADJUDICATORY AUTHORITY OF THE TRIBE. I FURTHER AGREE THAT BY ACCEPTING EMPLOYMENT WITH THE SUGAR CREEK CASINO AND ENTERING THE TRIBE'S LANDS INCLUDING BUT NOT LIMITED TO TRIBAL BUILDINGS, CURTILAGE, PARKING LOTS, AND SURROUNDING TRIBAL LANDS, I WILL BE ENTERING INTO A CONSENSUAL COMMERCIAL RELATIONSHIP WITH THE TRIBE. AS CONSIDERATION OF AND IN EXCHANGE FOR THE RIGHT TO ENTER THE TRIBE'S JURISDICTION TO BE EMPLOYED BY THE CASINO, I STIPULATE, CONSENT, AND AGREE TO THE EXCLUSIVE JURISDICTION OF THE COURT OF INDIAN OFFENSES FOR THE WICHITA AND AFFILIATED TRIBES, IN ANADARKO, OKLAHOMA, OR SUCH TRIBAL COURT AS MAY REPLACE IT, FOR ANY AND ALL CLAIMS THAT MAY ARISE OR ACCRUE TO ME, MY AGENTS, OR ASSIGNEES AGAINST THE CASINO OF THE TRIBE, OR ANY OF THEIR AGENCIES, ENTITIES, OR BUSINESS ENTERPRISES. I HEREBY WAIVE ANY AND ALL RIGHT TO BRING AN ACTION IN ANY COURT OF ANY OTHER JURISDICTION, WHETHER TRIBAL, STATE, OR FEDERAL, AND I AGREE TO REIMBURSE THE TRIBE THE COST OF DEFENDING ANY ACTION FILED IN THE COURT OF ANY OTHER JURISDICTION, INCLUDING ITS ATTORNEYS' FEES, AND TO INDEMNIFY THE TRIBE FOR ANY JUDGMENT AWARDED IN ANY OTHER JURISDICTION, INCLUDING THE COSTS OF COMPLYING WITH SUCH JUDGMENT.

I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND STATEMENTS ARE TRUE, CORRECT, AND COMPLETE MADE IN GOOD FAITH WITHOUT INTENTIONAL OMISSION OF ANY KIND WHATSOEVER. I AGREE THAT THE SUGAR CREEK CASINO AND/OR THE WICHITA INDIAN TRIBE SHALL NOT BE LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF FALSE STATEMENTS, ANSWERS, OR OMISSIONS MADE BY ME IN THIS APPLICATION FOR EMPLOYMENT.

I AM AWARE THAT THE SUGAR CREEK CASINO IS A SMOKING FACILITY.

Applicant's Signature Affirming Above Statement (Required)

Date
