



Fort McDowell Enterprises
Application for Employment
P.O. Box 18359
Fountain Hills, Arizona 85264
Phone: 480-789-4221 • Fax: 480-789-4772

Date:

Enterprise Entity (check)

Casino FMYM Farm Ba'ja RV Park WeKoPa Resort WeKoPa Golf Poco Diablo

Name _____
Last First Middle

Address _____
City State Zip

Email _____
Address _____ Telephone _____ (Cell) _____ (Home) _____

Telephone number may we contact you during business hours? _____

Are you authorized to work in the United States? Yes _____ No _____ Are you 21 or older? Yes _____ No _____

Are you a Fort McDowell Yavapai Community Member? Yes _____ No _____ Are you 18 or older? Yes _____ No _____

Are you a Fort McDowell Yavapai Tribal Member? Yes _____ No _____ If yes, Tribal ID# _____

Are you claiming Indian Preference? Yes _____ No _____ If yes, state Tribal Affiliation _____ Roll No. _____

Are you currently employed or have you ever been employed at any of the FM Enterprises or at the FMYN Government?
Yes _____ No _____

If yes, please list the Enterprise Name or Government and dates of employment for any and all periods of employment:

Entity: _____	From: _____	To: _____
Entity: _____	From: _____	To: _____
Entity: _____	From: _____	To: _____
Entity: _____	From: _____	To: _____

POSITION DESIRED

Please note minimum requirements for positions desired. If requirements are not met, you application will not be reviewed.

Are you available to work any shift? Yes _____ No _____ Salary Requirements: _____ Available: _____

You MUST list at least one OPEN position below for your application to be considered: ONLY Open positions can be listed.

Position Desired:(1) _____ (2) _____ (3) _____

Do you have any relatives employed by Fort McDowell Enterprises? Yes _____ No _____ If yes, list relationship below:

Spouse _____ Mother _____ Father _____ Ex-Spouse _____

Sister/Brother _____ Aunt/Uncle _____ Cousins _____ Other (Specify) _____

REFERENCE CHECKS

List three (3) references that are NOT relatives or previous employers:

Name: _____ Name: _____ Name: _____
Telephone No.: _____ Telephone No.: _____ Telephone No.: _____
How long known: _____ How long known: _____ How long known: _____

Military Service Record

Branch _____ Division _____ Discharge Date _____
Present Member in National Guard or Reserves? Yes ___ No ___ Active? Yes ___ No ___
Responsibilities and Duties _____

EMPLOYMENT HISTORY

List all relevant work experience. Begin with your most recent position. Attach additional pages if more space is needed.

Employer _____ Dates Employed: From _____ To: _____
Supervisor _____ Telephone _____ - _____ - _____
Address _____ City _____ State _____ Zip _____
Salary \$ _____ hourly ___ weekly ___ annually ___ Position _____
Reason for leaving _____ Duties/Responsibilities _____

Do we have permission to contact this employer(s)? Yes _____ No _____

Employer _____ Dates Employed: From _____ To: _____
Supervisor _____ Telephone _____ - _____ - _____
Address _____ City _____ State _____ Zip _____
Salary \$ _____ hourly ___ weekly ___ annually ___ Position _____
Reason for leaving _____ Duties/Responsibilities _____

Do we have permission to contact this employer(s)? Yes _____ No _____

Employer _____ Dates Employed: From _____ To: _____
Supervisor _____ Telephone _____ - _____ - _____
Address _____ City _____ State _____ Zip _____
Salary \$ _____ hourly ___ weekly ___ annually ___ Position _____
Reason for leaving _____ Duties/Responsibilities _____

Do we have permission to contact this employer(s)? Yes _____ No _____

EDUCATION

		<i>Number of Years</i>	<i>Major</i>	<i>Graduate Yes or No</i>	<i>Types of Degree or Diploma</i>
High School					
Name			N/A		
Address					
City, State & Zip					
Trade School or College					
Name					
Address					
City, State & Zip					
Name					
Address					
City, State & Zip					
Name					
Address					
City, State & Zip					
Name					
Address					
City, State & Zip					

SPECIAL QUESTIONS AND ACKNOWLEDGMENTS

Can you lift 40 pounds and push or pull 100 pounds **without** accommodation or assistance? Yes _____ No _____

Can you work in a casino smoking environment **without** any accommodation or assistance? Yes _____ No _____

By my signature, I acknowledge, understand and agree to the following:

1. Fort McDowell Enterprises has a Native American hiring preference.
2. Employment at Fort McDowell Enterprises' Casino involves working in a smoking environment.
3. As a condition of employment I may be required to take a physical examination.
4. As a condition of employment a pre-employment drug test is mandatory.
5. Fort McDowell Enterprises is a drug and alcohol-free environment.
6. If hired in the Casino, extensive Fort McDowell Tribe and State of Arizona background checks are mandatory. If violations of the Fort McDowell Tribe/State of Arizona gaming compact are discovered, it is grounds for automatic termination or will render me ineligible for hire.

 Print Name

 Applicant Signature

 Date

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request all persons, business entities, governmental departments and agencies, and courts to whom this authorization and request is presented having information relating to or concerning me to furnish such information to a duly appointed representative of the Fort McDowell Yavapai Nation solely for the purpose of determining eligibility for employment with the Fort McDowell Yavapai Nation, whether or not such information would otherwise be protected from disclosure by a constitutional, statutory, or common law privilege.

I hereby authorize and request all persons, business entities, governmental departments and agencies, and courts to whom this authorization and request is presented having documents relating to or concerning me to permit a duly appointed representative of the Fort McDowell Yavapai Nation to review and obtain copies of all such documents solely for the purpose of determining eligibility for employment with Fort Mc Dowell Yavapai Nation, whether or not such information would otherwise be protected from disclosure by a constitutional, statutory, or common law privilege.

I do, for myself, my heirs, executors, administrators, successors and assignees, hereby release, remise, and forever discharge the person whom this authorization and request is presented, and his agents and employees, from all actions, causes of actions, suits, debts, judgments, executions, claims, and demands whatsoever known and unknown in law or equity, which I ever had, now have, may have, or claim to have against any person to whom this authorization and request is presented or his agents or employees, arising out of or by reason of complying with this authorization and request.

I agree to indemnify and hold harmless the person to whom this authorization and request is presented, and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of, or by reason of, complying with this authorization and request.

A reproduction of this authorization and request by photocopy or similar process shall be, for all intents and purposes, as valid as the original.

Print Name

Street Address, City, State, and Zip Code

Applicant Signature

Date

CONDITION OF CONSIDERATION FOR EMPLOYMENT

I certify that the information provided herein is true and complete to the best of my knowledge. If employed, I understand that false and misleading information given in my application or interview may result in termination of employment. I also authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

I understand that an employment offer is contingent upon successful completion of any pre-employment background and drug screening. I further understand that any condition that may preclude my ability to perform the essential functions of job and such condition cannot be reasonable accommodated will disqualify me from consideration for employment in the job for which I applied. If employed, I also authorize Fort McDowell Enterprise representative, other than the General Manager, and then only in writing and signed by same, have any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I understand that specific positions at Fort McDowell Enterprise may require me to provide evidence of an acceptable driving record and a valid Arizona Driver's License.

I agree to submit to a pre-employment drug test according to Fort McDowell Enterprises Policy. If employed, I agree to submit to random drug testing as directed by Fort McDowell Enterprises Human Resources and I understand that evidence of illicit drug use or abuse may result in suspension and/or discharge.

I understand employment at Fort McDowell Enterprises is "at will" meaning that employment may be terminated at any time by either party.

I understand that all conditions of employment including but not limited to hours, benefits, and salary are subject to change by Fort McDowell Enterprises at any time.

If employed, I agree to abide by all policies, regulations and guidelines established by the Fort McDowell Yavapai Nation/Enterprises.

Print Name

Street Address, City, State, and Zip Code

Applicant Signature

Date

**Fort McDowell Enterprise
Pre-Employment Questionnaire to Previous Employer(s)**

To: _____ Date: _____

Subject: Request for Employment Data

Mr. /Mrs./Ms. _____, SSN: ____/____/____
has applied for employment with Fort McDowell Enterprises and has listed your company as one of his/her past employers. We would greatly appreciate if you would take a few minutes to answer the following questions regarding his/her employment history. Please note this applicant has signed the waiver authorizing you and your company to provide this information to us, and releasing you and your company from any liability of any type as a result of providing this information. You may fax this form back to (480) 789-4772. Thank you.

Fort McDowell enterprise:

1. This applicant listed employment dates with your company as _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

Is this correct? () Yes () No

If no, please list correct dates: from _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

- 2. Was this applicant ever disciplined or was this applicant discharged for:
 - Possessing, selling, or being under the influence of illegal drugs? () Yes () No
 - Possessing or being under the influence of alcohol at work? () Yes () No
 - Neglect of duty (leaving work area, horseplay, or non-productive work): () Yes () No
 - Insubordination? () Yes () No
 - Theft or unauthorized removal of company property? () Yes () No
 - Fighting or threatening others? () Yes () No
 - Violation of safety rules? () Yes () No
 - Failing to notify company when absent? () Yes () No

If the answer to any of the above questions is yes, please explain:

Print Name & Title of Company Representative

Signature

Date

APPLICANT WAIVER

I hereby authorize each and every one of my former employers to answer the above questions and to release all of my records of employment, excluding records concerning illness or injury but including assessments of my job performance and ability, requested by Fort McDowell Enterprises in connection with my application for employment with a Fort McDowell Enterprise. Furthermore, I hereby release each and every one of my former employers and their agents from any and all liability of any type for providing this information. A photocopy is valid as an original.

Print Name

Street Address, City, State, and Zip Code

Applicant Signature

Date

CRIMINAL OFFENSE(S)

Name: _____ Date: _____

Have you ever been arrested or convicted of any offense other than a minor traffic violation?

Yes ___ No ___

If you answers yes to the question above please provide the date, exact offense, and the name of the court.

Date of Offense: _____

Offense:

Court: _____

Are you now or have you ever been under criminal indictment or convicted of a felony?

Yes ___ No ___

If you answers yes to the question above please provide the date, exact offense, and the name of the court.

Date of Offense: _____

Offense:

Court: _____

Print Name

Street Address, City, State, and Zip Code

Signature

Date