



MOHEGAN TRIBE OF INDIANS OF CT EMPLOYMENT APPLICATION

SECTION 1. APPLICANT INFORMATION

Last name		First name			M.I.
Home street address or PO box			City	State	Zip code
Home phone no.	Cell Phone:		Date:		
Email address					

SECTION 2. POSITION DESIRED

(You must be at least 18 years of age for gaming positions)

1: _____ 2: _____

Shift Desired: Day Swing Grave Status: Full-Time Part-Time

SECTION 3. EMPLOYMENT ELIGIBILITY

Do you have the legal right to work in the U.S.? Yes No
(You will be required to present proof of identity and employment eligibility.)

Have you ever been convicted of a crime? Yes No

If yes, list date: _____ City/State: _____ Disposition/Pardon: _____

SECTION 4: NATIVE AMERICAN STATUS

Are you an enrolled member of a tribe recognized by the U.S. Government, State of Connecticut, or Mohegan Tribe?
Yes No Tribe: _____ Tribal Enrollment #: _____

(Please attach proof of enrollment.)

HR USE ONLY <i>Verification:</i>

SECTION 5: PRIOR MOHEGAN EMPLOYMENT HISTORY

Have you ever worked or do you currently work at Mohegan Tribe, Sun, Holding, or affiliates?
Yes No Specify: Tribe Sun Holding

If yes, list position: _____ Dates: _____

Reason for leaving: _____

Do you have relatives employed at the Mohegan Tribe, Sun, Holding or affiliates? Yes No

If yes, list names and positions: _____

SECTION 6: OFFICE SKILLS

Computer Software:	Other Skills:
_____	_____
_____	_____
_____	_____
_____	_____

SECTION 7: EDUCATION

	School Name/Location	Level Completed
High School		
College/University		
Graduate		
Certification		

SECTION 8. PROFESSIONAL REFERENCES*(List three professional references, not including relatives)*

Name:	Address:	Phone:

SECTION 9. WORK HISTORY*List your work history for the past 10 years, beginning with the most recent employer. Use a separate sheet if necessary.*

May we contact your present employer? Yes No

1:
Employer: _____ Phone: _____ Position Held: _____
Address: _____ Duties: _____
Dates Employed (From/To): _____ Supervisor: _____ Rate of Pay: _____
Reason for Leaving: _____

2:
Employer: _____ Phone: _____ Position Held: _____
Address: _____ Duties: _____
Dates Employed (From/To): _____ Supervisor: _____ Rate of Pay: _____
Reason for Leaving: _____

3:
Employer: _____ Phone: _____ Position Held: _____
Address: _____ Duties: _____
Dates Employed (From/To): _____ Supervisor: _____ Rate of Pay: _____
Reason for Leaving: _____

4:
Employer: _____ Phone: _____ Position Held: _____
Address: _____ Duties: _____
Dates Employed (From/To): _____ Supervisor: _____ Rate of Pay: _____
Reason for Leaving: _____

5:
Employer: _____ Phone: _____ Position Held: _____
Address: _____ Duties: _____
Dates Employed (From/To): _____ Supervisor: _____ Rate of Pay: _____
Reason for Leaving: _____

SECTION 10: ACKNOWLEDGEMENT AND SIGNATURE

I understand that nothing contained in the employment application, or in the granting of an interview, is intended to create an employment contract between the Tribe or any of its affiliates and me for either employment or the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Tribe or any of its affiliates.

Statements made by me in this application will be verified by the employer, and I hereby give employer the right to make a thorough investigation of my past employment, education, credit and activities. I release from all liability all persons, companies and corporations supplying any information pursuant to such investigation. I indemnify employer against any and all liability, which might result from such investigation. I agree that any information obtained by employer will be held confidential from all persons, including me, except as required by law.

Additionally, I understand that any false answer or statements or implications made by me in this application or other required documents will be considered sufficient cause for denial of employment or discharge from employer. I agree to furnish such additional information and complete such examination as may be required to complete my employment file. If hired, I understand that my employment is for no definite period of time. I also understand that a post-offer drug and/or alcohol test may be required. I understand that I have the right to terminate my employment at any time and the company retains a similar right.

I certify that, if employed, I will abide by all company rules and regulations.

I certify that I have read the above and that the statements I have made on this application are true and correct.

Applicant's Signature

X

Date

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