



Wind River Hotel & Casino

www.windriverhotelcasino.com

307-857-9441/1-866-657-1604

Fax: 307-857-4349

Human Resources Department

P.O. Box 1989

180 Red Wolf Place

Riverton, WY 82501

EMPLOYMENT APPLICATION

All information will be verified and handled confidentially. Application will be kept on file for **6 months**.

Please keep your contact information (address, phone number & email) current.

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Tribal Affiliation Enrolled: Non-Enrolled: Enrollment Number: _____

Driver License Number: _____ State Issuing License: _____ Expiration Date: _____

Mailing Address: _____
Mailing Address

City State ZIP Code

Phone Number: _____ Email: _____

Date Available: _____ Social Security No.: _____ - - Date of Birth: _____

Full Time: Part Time: On-Call: Temporary:

Position(s)
Applied for: 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Are you a citizen of the United States? YES NO YES NO
 If no, are you authorized to work in the U.S.?

Have you ever been employed with the Gaming Enterprise or Northern Arapaho Gaming Agency? YES NO
 If yes, dates? _____

Reason for Leaving: _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Do you have ANY relatives now working at the gaming enterprise?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Message Number: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

REFERENCES – WILL BE CHECKED SO PLEASE COMPLETE ACCURATELY AND FULLY

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

PREVIOUS EMPLOYMENT – MUST BE COMPLETED FULLY AND ACCURATELY

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Hourly Rate/Salary: \$ _____ Ending Hourly Rate/Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Hourly Rate/Salary: \$ _____ Ending Hourly Rate/Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Hourly Rate/Salary: \$ _____ Ending Hourly Rate/Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

DISCLAIMER AND SIGNATURE

AFFIDAVIT:

Authorization is hereby given to the Wind River Hotel & Casino to request for any information necessary as provided in this application. I also authorize and request every person, firm, previous employers, schools, references, and any other organizations referred to in this application to provide such information. I hereby release such persons, firms, previous employers, schools, references and any other organizations and the Wind River Hotel & Casino from any and all liability whatsoever resulting from the release of this information.

I certify that the statements made in this application is cause for rejection of the application or separation from the Wind River Hotel & Casino if I have been employed. I have provided on this application true and correct information to the best of my knowledge which is necessary in arriving at an employment decision.

Signature: _____ Date: _____

Office Use Only

Date Application Received: _____ Human Resources Initials: _____