



# SGE HUMAN RESOURCES

**Irving**

11099 Route 5  
Irving, NY 14081  
Phone: (716) 549-4389  
Fax: (716) 549-8346

**Salamanca**

768 Broad Street Ext.  
Salamanca, NY 14779  
Phone: (716) 945-4080  
Fax: (716) 945-3354

**Oil Spring**

5374 West Shore Road  
Cuba, NY 14727  
Phone: (716) 780-8787  
Fax: (716) 968-1379

**Poker Room**

**Niagara Falls**  
Phone: (716) 299-1100 x2217  
Fax: (716) 284-0413  
**Salamanca**  
Phone: (716) 945-8902  
Fax: (716) 945-3354

- Clearly PRINT all information- please use black or blue ink.
- Please be sure that the information you provide is COMPLETE and ACCURATE.
- All applicants must be at least 18 years old.
- PRE-EMPLOYMENT DRUG SCREENING IS REQUIRED** for all applicants selected for employment.
- If you are selected for employment, you will be required to complete an SGA license gaming application and will not be eligible to start work until you pass a background investigation, fingerprints and photos approved by Seneca Gaming Authority (SGA).

**6. REQUIRED DOCUMENTS CHECKLIST: (TO BE INCLUDED WITH APPLICATION)**

- A. PROOF OF EDUCATION
  - ✓ TASC (GED)
  - ✓ High School Diploma
  - ✓ College Degree
  - ✓ Transcripts
- B. COPIES OF
  - ✓ PHOTO ID (Driver's License, Learner's Permit, Non-Driver's Card)
  - ✓ Tribal I.D. (ENROLLED TRIBAL MEMBERS)
  - ✓ Social Security Card
  - ✓ Birth Certificate
  - ✓ Alien Registration Documentation
  - ✓ Military DD 2114 Discharge Papers
  - ✓ Bankruptcy Discharge Papers
  - ✓ All Arrest Dispositions
  - ✓ Small, Colored Photo of Self

## APPLICATION FOR EMPLOYMENT

Application must be COMPLETE and LEGIBLE. Incomplete Application will NOT be considered.

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

**Name of Applicant:** \_\_\_\_\_

Please Print First Name Middle Initial Last Name  
List other names/aliases which you have used: \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

Please Print Address City State & Zip Code

**Contact Information:** \_\_\_\_\_

Please Print Telephone # Email Address (OPTIONAL)

**BIRTH DATE:** \_\_\_\_\_ **SS #:** \_\_\_\_\_ **VALID DRIVER'S LICENSE? YES/NO**

**Enrolled Seneca? YES/NO** If yes, Enrollment number: \_\_\_\_\_ (Copy of Tribal ID REQUIRED)

**Member of another Federally Recognized Tribe? YES/NO** If yes, Name of Tribe: \_\_\_\_\_

**Are you a Veteran? YES/NO** If yes, what Military Branch? \_\_\_\_\_

**Are you Non Native residing with and supporting a Seneca Family? YES/NO** (Proof may be REQUIRED)

**Education** (Provide copies of highest degree obtained)

School Name HS Diploma/TASC/Trade/College	Diploma/Degree	Did you Graduate?
		YES <input type="checkbox"/> or NO <input type="checkbox"/>
		YES <input type="checkbox"/> or NO <input type="checkbox"/>
		YES <input type="checkbox"/> or NO <input type="checkbox"/>



#### IV. EMPLOYMENT HISTORY

Please provide the following information beginning with your *most recent* employment.

Company: \_\_\_\_\_ Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
(Month/year) (Month/year)

Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
(Month/year) (Month/year)

Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
(Month/year) (Month/year)

Major Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

#### V. REFERENCES- Please list FIVE references; do not include family members. Inform your references that they will be called.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_
4. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_
5. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Length of time known: \_\_\_\_\_

**VI. APPLICANT'S STATEMENT**

**READ THE FOLLOWING STATEMENT CAREFULLY AND ACKNOWLEDGE WITH YOUR SIGNATURE.**

I certify that the information submitted by me in this application is true and complete. I understand that Seneca Gaming and Entertainment may reject my application, or terminate my employment if I am employed, upon discovery of any misrepresentation or omission of any fact.

I authorize Seneca Gaming and Entertainment to obtain verification of all information provided in this application and any other job-related information considered pertinent by Seneca Gaming and Entertainment in arriving at an employment decision, including my social security number, education, prior employment, and criminal record.

I understand and acknowledge that an employment relationship with Seneca Gaming and Entertainment is of an "at will" nature. This means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

If Seneca Gaming and Entertainment employ me, I understand that false information provided in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of Seneca Gaming and Entertainment. I also understand that an offer of employment is contingent upon successful completion of criminal checks, reference checks, and drug tests.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**\* MUST BE SIGNED BEFORE EMPLOYMENT APPLICATION WILL BE ACCEPTED \***

**SENECA NATION OF INDIANS  
EMPLOYEE DRUG AND ALCOHOL TESTING RELEASE**

I, \_\_\_\_\_ (name of applicant or employee), hereby voluntarily agree to submit to any drug test requested and conducted by the Seneca Nation of Indians (the "Nation") which the Nation deems, in its sole discretion, to be reasonably necessary to provide its workers with a safe and healthy working environment.

I, \_\_\_\_\_ (name of applicant or employee), acknowledge that in the course of my employment, and as a prerequisite of employment with the Nation, I may be asked to submit to a random drug test and provide a urine, blood or breath sample and that I hereby consent to such tests in recognition of the Nation's efforts to maintain a drug and alcohol free workplace.

I have read, understand, agree, and consent to the Nation's Drug and Alcohol testing policy as stated above, and recognize that decisions regarding my employment at the Nation may be made from the result of this test.

I AUTHORIZE the Nation, and its physician(s), nurses, technicians or agents to collect a specimen or specimens of my blood, breath or urine for chemical analysis.

I CONSENT to this test for drugs and alcohol and authorize the Nation's testing consultant(s) and testing laboratory to provide test results to the Nation. As a consequence of any positive result obtained by said test, I understand that I may not be offered a job with the Nation or may be disciplined.

I hereby indemnify, release and forever discharge and hold the Nation and its subsidiaries and affiliated companies, agents and employees harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with such tests, the results, or any lawful use of the results.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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