



Human Resources

Irving Hall Location

11099 Route 5
Irving, NY 14081
Phone: 716-549-4389 x229 or x237
Fax: 716-549-8346

Salamanca Hall Location

768 Broad Street Ext.
Salamanca, NY 14779
Phone: 716-244-5439
Fax: 716-945-3354

Poker Rooms

Seneca Niagara Casino
Phone: 716-299-1100 x2217
Fax: 716-299-1099
Seneca Allegany Casino
Phone: 716-244-5045
Fax: 716-945-3354

Seneca Gaming & Entertainment Employment Application

- 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 a condition of employment.
- If you are selected for employment, you will be required to complete an additional application for a Class II gaming license with the Seneca Gaming Authority (SGA).
- If you are selected for employment, you will not be eligible to start work until you pass a background investigation, fingerprints and photos with Seneca Gaming Authority (SGA).

Date: _____

Name of Applicant: _____
Please Print First Name Middle Initial Last Name

Employment Interests

Position applied for: 1st choice: _____
2nd choice: _____

Please Circle:

Location desired: IRVING SALAMANCA NIAGARA FALLS ANY

Status desired: FULL TIME PART TIME TEMPORARY ANY

Shift desired 1st Shift 2nd Shift 3rd Shift ANY

Native American? Yes or No If yes, please identify your tribe: _____

Enrolled Seneca? Yes or No If yes, list your enrollment number: _____

For office use only

Notes:

I. PERSONAL INFORMATION

Name: _____
(First Name) (Middle Initial) (Last Name)

List other names or aliases which you have used: _____

Address: _____
(Street Address) (City) (State/Zip Code)

Mailing Address if different than above: _____

Birthdate: _____ Social Security Number : _____-_____-_____

Home Phone: (_____)_____-_____ Cell Phone: (_____)_____-_____

Email Address: _____

II. SKILLS AND EDUCATION

Circle highest grade completed: 7 8 9 10 11 12 **College:** 1 2 3 4 +

Are you High School Graduate or have at least an Equivalent? YES NO

List post secondary education/degree and name of school:

List any Professional licenses/Certificates: _____

List computer skills: _____

Are you fluent in a foreign language? If yes, indicate language: _____

Have you ever applied for a gaming-related permit or license? YES NO

If yes, provide details: _____

Have you ever been employed by Seneca owned gaming operations? YES NO

If yes, provide dates and location: _____

III. EMPLOYMENT CONDITIONS

Are you eligible to work in the United States? YES NO **Are you 18+?** YES NO

Have you ever been convicted of or charged of a misdemeanor? YES NO

Explain: _____

Have you ever been convicted of or charged of a felony? YES NO

Explain: _____

1. If you are selected for employment, you will be required to complete an additional application for a Class II gaming license with SGA.
2. If you are selected for employment, you will not be eligible to start work until you pass a background investigation, fingerprints and photos approved by Seneca Gaming Authority (SGA).

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 **three** references. **PLEASE DO NOT LIST FAMILY MEMBERS.**

1. Name: _____ Phone #: _____

Relationship: _____ Length of time known: _____

2. Name: _____ Phone #: _____

Relationship: _____ Length of time known: _____

3. 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 & 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 & Entertainment to obtain verification of all information provided in this application and any other job-related information considered pertinent by Seneca Gaming & 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 & 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 I am employed by Seneca Gaming & Entertainment 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 & 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 or Employee: _____

Printed Name of Applicant or Employee: _____

Social Security Number: _____

Date: _____

