



## OST GAMING FACILITIES APPLICATION PROCESS

### **PLEASE READ CAREFULLY**

Thank you for your interest in employment with OST Gaming Facilities. The following is a checklist of steps that must take place before we can accept your application. **Incomplete applications will not be considered.**

- ✓ You must attach copies of required documents including **two (2) forms of valid identification** which can include; **HS/GED, State Driver's License or ID card, Tribal ID that has a valid expiration date, Social Security card, birth certificate, and passport.**
- ✓ Please complete **ALL SECTIONS** of the application and include valid numbers if asked.
- ✓ You **must sign** the bottom of the application.
- ✓ You **must thoroughly complete all information requested in the Employment History.** If you were never employed please state it.
- ✓ You must thoroughly **complete** the area of positions applied for.
- ✓ You must list **a current and valid telephone number** or message number.
- ✓ OST Enrollment form if claiming Tribal preference.
- ✓ Attach a DD-214 if claiming Veteran's preference.
- ✓ **Valid Driver's license** (if applicable).

Please mail or take in copies of your required documents, please **don't FAX**. Send to:

Prairie Wind Casino  
Attn: Human Resources  
HC 49 Box 10  
Pine Ridge, SD 57770

- **Prairie Wind Casino / East Wind Casino applicants will be required to pass a pre-employment drug test upon selection for hire. REMINDER: If you have already taken a drug test for a position at Prairie Wind Gaming Facilities and did not start the position for any reason; You will still owe for that test as well as pay out of pocket for any subsequent tests afterward.**
- **Every six (6) months, your application must be updated!** Your current application will be removed from the files every six (6) months.
- **If you are currently employed by Prairie Wind Casino & Hotel or East Wind Casino and are requesting a Transfer, you must still submit all proper documentation with your application. Incomplete applications will not be considered!**
- **If selected for a position you will be required to turn your Prairie Wind / East Wind Casino Player's Club Card into HR immediately! You cannot use it after selection of hire.**

**For any questions contact the  
Prairie Wind Casino Human Resource office at: (605)867-8904 or (605)867-8923.**

# APPLICATION FOR EMPLOYMENT



**PLEASE PRINT**

Equal access to programs, services, and employment to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
P.O. Box/Street City State Zip Code

Telephone: \_\_\_\_\_ Mobile/Beeper/Other Msg#: \_\_\_\_\_ Email: \_\_\_\_\_

Casino applicant must be 21 .....Yes No

Have you ever been employed here before? ..... Yes No

Are you legally eligible for employment in this country? ..... Yes No

Date available for work ..... \_\_\_/\_\_\_/\_\_\_

Type of work desired: Full-time Part-time Temporary Seasonal Education Leadership

Are you able to meet the attendance requirements for this position? ..... Yes No

Have you ever been convicted of a felony? ..... Yes No

Driver's License number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

**Employment History**

Provide the following information for the past three years {3}, employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Phone
Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and responsibilities.	
Reason for leaving		Hourly rate/Salary?	
		Start \$	Per Final \$ Per

  

From	To	Employer	Phone
Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and responsibilities.	
Reason for leaving		Hourly rate/Salary?	
		Start \$	Per Final \$ Per

  

From	To	Employer	Phone
Title		Address	
Immediate Supervisor & Title		Summarize the nature of work performed and responsibilities.	
Reason for leaving		Hourly rate/Salary?	
		Start \$	Per Final \$ Per

### Skills and Qualifications

Summarize your trainings, skills, licenses, certifications that may qualify you as being able to perform job-related functions in the in the position for which you applied.

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### Educational Background

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

### References

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

I UNDERSTAND THAT IF I AM EMPLOYED ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYERS SERVICE WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, AND EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THE APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVE FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THE APPLICATION IS USED FOR NO PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FOR CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY SIX (6) MONTHS. AT THE CONCLUSION OF THIS TIME IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE RESIGN AT ANY TIME WITH OR WITHOUT CAUSE OR PRIOR NOTICE AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER OTHER THAN AN AUTHORIZED OFFICER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND THAT IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSONS NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY LAW.

I ALSO UNDERSTAND THAT IF I AM HIRED I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FORGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_