



3965 Sky Dancer Way N.E.  
PO Box 1449 Belcourt ND 58316  
[www.skydancercasino.com](http://www.skydancercasino.com)

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## Documents Required With Application

Resume should be attached with the following

1. Two forms of Identification
2. High School Diploma or G.E.D. (Required for Key Positions).
3. Official copy of College Transcripts
4. Enrollment document if claiming Indian Preference.

If all required documents are not attached, your application will not be accepted.

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## Sky Dancer Casino & Resort Operational Department List

Bar/Lounge	Main Bank
Bingo	Maintenance
Check Cashing	Security
Drop	Simulcast
Gift Shop	Poker
Janitorial	Slot
Hotel	Surveillance
Restaurant	Table Games
Players Development	Valet



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## Employment Application and Pre-Employment Questionnaire

Date: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Do you claim Indian Preference ( ) Yes ( ) No

If So, attach a copy of document verifying enrollment in a tribe.

Do you claim tribal preference ( ) Yes ( ) No If yes please provide documentation.

Education - List all educational background including high school, Please attach a copy of all certificates and degrees.

1. Institution (Name and Address) \_\_\_\_\_

Degree: \_\_\_\_\_ Year \_\_\_\_\_

2. Institution (Name and Address) \_\_\_\_\_

Degree: \_\_\_\_\_ Year \_\_\_\_\_

3. Institution (Name and Address) \_\_\_\_\_

Degree: \_\_\_\_\_ Year \_\_\_\_\_

### Employment History

Have you ever been terminated from a previous position? \_\_\_\_\_ If yes, Please explain \_\_\_\_\_

Have you ever been asked to resign from a previous position? \_\_\_\_\_ If yes, Please explain \_\_\_\_\_

Are you available for work? Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Call In \_\_\_\_\_ T/A \_\_\_\_\_

List all periods of previous employment and unemployment, beginning with the most recent.

1. Company Name and Address \_\_\_\_\_  
Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Company Name and Address \_\_\_\_\_  
Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Company Name and Address \_\_\_\_\_  
Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Company Name and Address \_\_\_\_\_  
Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

References - List three people that are not related to you, are not previous supervisors, nor previous co-workers, and who have known you for at least one year. Please provide complete name, mailing address, and Daytime telephone numbers for each.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

I certify that the statements contained in this application or accompanying forms are true and complete. I understand that any offer of employment is conditioned on a background check and that attaining sufficient security clearance is required. I hereby authorize Sky Dancer Casino & Resort to investigate all statements contained in my application or accompanying forms, and to contact my former employers. I understand that any false statements, omissions, or misrepresentations will constitute sufficient cause and reason for either refusal to hire or termination from employment.

I request the conferring with references listed to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing same to employer.

I understand, acknowledge and agree that unless otherwise expressly agreed to in writing and signed by a duly authorized official of Sky Dancer Casino & Resort, if employed by Sky Dancer Casino & Resort my employment will be "at will" and without prior notice and with or without cause. I also understand that this "at will" employment relationship may not be changed, altered, or amended except with regard to changes in compensation.

If extended an offer of employment in certain job categories, I consent to undergo a pre-placement physical examination by a health professional selected by Sky Dancer. I understand that any offer of employment is conditioned upon the results of this post offer examination.

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

**Turtle Mountain Gaming Program  
PO Box 900  
Belcourt, North Dakota 58316  
Telephone: (701) 244-0079  
Fax: (701) 244-0245**

**Indian Gaming Application  
Authorization for Release of Information**

Carefully read this authorization to release information about you, then sign and date it in to ink. This document must be signed in the presence of a notary public.

I authorize any Investigator, Special Agent, or other duly accredited representative of the U.S. Department of the Interior, Bureau of Indian Affairs, the Federal Bureau of Investigation, any State and Local Enforcement Agencies, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited by academic, residential, achievement, performance, attendance disciplinary, employment history, and criminal history record information.

I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will or may be needed and I may be contacted for such a release at a later date.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of the Investigator, Special Agent, state and local Law Enforcement Agent, or other duly accredited representative of/or any Federal Agency authorized about regardless of any previous agreement to the contrary.

I understand that the information released by record custodians and the sources of information is for required background investigation needed to process my Indian Gaming Application for operating a gaming operation on Indian country, and Indian Reservation.

\*Additional information may be requested which may require finger print verification.

**PLEASE READ:** In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 of seq. The purpose of the requested information is to determine the eligibility of the individuals to be granted a gaming license. The information will be used by the Tribal Gaming Regulatory Authorities and by the National Indian Gaming Commission members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, Local or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with issuance, denial, or revocation of a gaming license, or investigation of activities while associated with a tribe or gaming operation. Failure to consent to the disclosure indicated in this notice will result in a tribe's being unable to license you in a primary management official or key employee position. A false statement on any part of your application may be grounds for denying a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001) The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

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Signature:

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Date:

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date it is signed.

I, \_\_\_\_\_ do hereby certify that I have read the forgoing and understand and authorize release of information about myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Full Name (type or print legibly)  
(Maiden name must be included)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Current Address (PO Box, City, State)

\_\_\_\_\_  
Zip Code

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_. My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**SEAL**

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

\_\_\_\_\_

**ADDITIONAL INFORMATION REQUEST:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

**CRIMINAL HISTORY:**

You must disclose all information about a criminal record or history. Failure to do so may result in denial of your application. You must disclose: 1. Charges; 2. Convictions (including NSF); 3. Dispositions (including dismissals and deferred or suspended sentences).

Have you been charged with a crime (felony or misdemeanor) other than a minor traffic offense during the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been charged with a crime (felony or misdemeanor) during the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been released from incarceration (prison), probation, or parole during the past 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list all criminal charges, convictions, and dispositions: (use an additional page if necessary).

Date of Arrest	Offense	City	State	Felony or Misdemeanor	Disposition

This information is to determine eligibility for employment at Sky Dancer Casino and Resort

Signature: \_\_\_\_\_

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