



3965 Sky Dancer Way NE
P.O. Box 1449 Belcourt, ND 58316
www.skydancercasino.com

DOCUMENTS REQUIRED WITH APPLICATION:

Resume should be attached with the following:

1. Two forms of Identification
2. High School Diploma or GED
3. Official copy of College Transcript
4. Enrollment Document if claiming Indian Preference
5. \$10.00 Money Order for Tribal Background
6. \$15.00 Money Order for State Background

IF ALL DOCUMENTS ARE NOT ATTACHED, YOUR APPLICATION WILL NOT BE ACCEPTED.

SKY DANCER CASINO & RESORT

Operational Department List

BAR	MAIN BANK
DROP CREW	MAINTENANCE
GIFT SHOP	SECURITY
JANITORIAL	SIMULCAST
HOTEL	SLOTS
PLAYERS DEVELOPMENT	SURVEILLANCE
FIRES EDGE	GRILLERZ
SKY BREW	SPORTS BOOK
TABLE GAMES	



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EMPLOYMENT APPLICATION & PRE-EMPLOYMENT QUESTIONNAIRE

Date: _____ Position Applying for: _____

Name: _____ Social Security No.: ____ - ____ - ____

P.O. Box: _____ City/State: _____ Zip Code: _____

Phone Number: _____ Date of Birth: ____ / ____ / ____

Do you claim Indian Preference? () YES () NO

If yes, please attach a copy of document verifying enrollment of tribe.

Education – List all educational background including High School. Please attach a copy of all certificates and degrees.

1. Institution (Name & Address) _____

Degree: _____ Year: _____

2. Institution (Name & Address) _____

Degree: _____ Year: _____

3. Institution (Name & 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 to work: FULL TIME ___ PART TIME ___ CALL IN ___ T/A ___

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

1. Company Name & Address: _____
Position: _____ **Hire Date:** _____ **End Date:** _____
Supervisor: _____ **Phone Number:** _____
Job Duties: _____
Reason for Leaving: _____

2. Company Name & Address: _____
Position: _____ **Hire Date:** _____ **End Date:** _____
Supervisor: _____ **Phone Number:** _____
Job Duties: _____
Reason for Leaving: _____

3. Company Name & Address: _____
Position: _____ **Hire Date:** _____ **End Date:** _____
Supervisor: _____ **Phone Number:** _____
Job Duties: _____
Reason for Leaving: _____

4. Company Name & Address: _____
Position: _____ **Hire Date:** _____ **End Date:** _____
Supervisor: _____ **Phone Number:** _____
Job Duties: _____
Reason for Leaving: _____

References – List three people that are not related to you, are not previous supervisors, no previous coworkers, 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:** _____

Phone Number: _____

2. Name: _____ **Address:** _____

Phone Number: _____

3. Name: _____ **Address:** _____

Phone Number: _____

I certify that the statements contained in this application, or accompanying forms are true and complete. I understand that any offer of employment is conditional 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:** _____

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 by hereby certify that I have read the foregoing and understand and authorize release of information above myself.

Signature

Date

Full Name (Print Legibly) Maiden Name

Social Security Number

Date of Birth

Place of Birth

Current Mailing Address (PO BOX, City & State)

Zip Code

Current Phone Number(s)

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

SEAL

Notary Public

Address: _____

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 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 it 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 fingerprint 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 a pursuant to a requirement by a tribe or the National Indian Gaming Commission in connection with issuance, or gaming operation. Failure to consent to the disclosure indicated on 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 processing your application.

Signature:

Date:

ADDITIONAL INFORMATION REQUEST:

NAME: _____ **DOB:** _____ **SSN:** _____

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 & deferred or suspended sentences).

Have you ever 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 in the past 10 years? YES _____ NO _____

If YES, please 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 the Sky Dancer Casino & Resort.

Signature: _____

Date: _____



NON-CRIMINAL JUSTICE REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION
 OFFICE OF ATTORNEY GENERAL
 BUREAU OF CRIMINAL INVESTIGATION
 SFN 50744 (05-2021)

FOR BCI USE ONLY	
Check Number	
Amount	
Receipt Number	
Receipt Date	

INSTRUCTIONS

1. Please type or print legibly and ensure that all information is complete. **Incomplete or illegible requests will be returned.**
2. Record request only covers North Dakota criminal history records.
3. State law (NDCC § 12-60-16.6) requires the subject's name and at least two other provided items of information match the data in the criminal history record system before a record may be released. Providing maiden or former names is very important. Please ensure Social Security Number and Date of Birth are provided and are correct. A set of fingerprints is not required, but may be submitted.
4. The required **\$15.00** fee [U.S. Dollars] per record check must be included with this request. The **check or money order** must be made payable to the **North Dakota Attorney General**.
5. To complete the criminal history record check, we must have a signed authorization form (SFN 51156) from the subject **OR** the subject's current address. If a signed authorization form is not provided, state law requires BCI provide notice to the subject if a record is disseminated. NDCC § 12-60-16.8)
6. Return the request to:
 - Criminal Records Section**
 - North Dakota Bureau of Criminal Investigation**
 - PO Box 1054**
 - Bismarck ND 58502-1054**
 - (701) 328-5500**

REQUESTER INFORMATION - RESULTS WILL BE MAILED TO INDIVIDUAL OR COMPANY INDICATED IN THIS BLOCK

Mail to Attention of LoAnn Jerome		Telephone Number (701) 244-0079	
Name/Company TM Tribal Gaming Department			
Address PO Box 900	City Belcourt	State ND	ZIP Code 58316

RECORD CHECK WILL BE CONDUCTED ON INDIVIDUAL LISTED BELOW

Last Name	First Name (no initials)	Middle Name
Last Name(s) (AKA/Maiden/Formal)	First Name	Middle Name
Date of Birth (MM/DD/YYYY)	Social Security Number	BCI State ID Number (if known)
Specific Reportable Criminal Event Identified by Date, Offense, and Agency or Court (if known)		
Current Address (if current address is not provided, a signed authorization form must be attached)		
City	State	ZIP Code

Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record information background investigation under NDCC § 12-60-16.6. Disclosure of your social security number is voluntary. However, not providing this information will result in the requirement that other information be provided, including a reportable criminal event or the submission of fingerprints.

FOR BCI USE ONLY

SID Number	Released Date	Record <input type="checkbox"/> Yes <input type="checkbox"/> No	Parole/Probation <input type="checkbox"/>	Offender <input type="checkbox"/>	Offender Letter <input type="checkbox"/>
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INFORMATION CONTAINED ON THIS RECORD REQUEST FORM IS SUBJECT TO THE NORTH DAKOTA OPEN RECORDS LAW.