



794 Lucky Eagle Dr. ♦ Eagle Pass, Texas 78852
 (830) 758-1936 ♦ (888) 255-8259 ♦ Fax (830) 752-1021
 www.luckyeagletexas.com

APPLICATION FOR EMPLOYMENT

New Applicant Rehire

Kickapoo Lucky Eagle Casino (KLEC) is an Equal Opportunity Employer but *does exercise Indian Preference.*
You must be at least 18 years of age to work in this establishment. Failure to fully and accurately complete this application will result in the immediate disqualification of your application for training/employment. You may attach a resume to enhance your application but not in place of the application.

PLEASE PRINT

POSITION(S) DESIRED (Please specify position (s) applying for)					DATE OF APPLICATION
LAST NAME		FIRST NAME		M.I.	
PRESENT ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE
MAILING ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE
HOME PHONE ()	CELL PHONE or MESSAGE ()		E-MAIL ADDRESS		

Are you legally eligible for employment in the United States? YES NO

Are you 18 or older? YES NO Are you a veteran? YES NO

Are you a member of a federally recognized tribe? YES* NO *List Tribe & Enrollment: _____

Have you ever applied with KLEC before? YES* NO *If yes, when: _____

Have you ever been employed with KLEC? YES* NO *If yes, please list information in your work history.

Are you seeking: Full-time Part-time Date you can start work? _____

KLEC is in operation 24 hours 7 days a week. What shift(s) are you available to work? Any Day Swing Grave

Are you available to work on weekends & holidays? YES NO

How did you hear about our job opening? Job Posting Newspaper Employment Agency

Walk-in Friend/Employee: _____ Other: _____

As related to the position applied for, what languages do you speak, read, and/or write? Mark level of proficiency.

1. _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Fluent	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Basic
2. _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Fluent	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Basic
3. _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Fluent	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Basic

EDUCATION

Circle last school year completed in each category: High School: 9 10 11 12 College: 1 2 3 4 5 6

Name and Address of Institution	Degree	Major	Yrs. Attended/ Credit hours	Did you graduate?	
				YES	NO
High School or G.E.D. Program:	High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No			X	X
Trade School or Other:					
College:					
Graduate School:					

Describe any specialized training apprenticeships, skills, and other training activities: (include dates)

List any honors that you have received:

Are you an experienced operator of any business machines or equipment? YES NO
If yes, please list:

If a computer user, please list the name of software packages you have worked with and mark your proficiency level (beginner, intermediate, advanced) and make any comments that may assist us in considering your application:

Name of Software	Beginner	Intermediate	Advanced	Comments

MILITARY SERVICE

Branch of Service	From	To	Rank and Duties	Date Discharged

CRIMINAL HISTORY

Employment at KLEC will require the applicant to obtain a gaming license from the Kickapoo Traditional Tribe of Texas Gaming Commission. To assist us in assessing any difficulties you may have with the licensing/certification process, **please answer the following question truthfully and accurately:**

Have you ever been convicted of a felony? YES* NO

*If yes, please provide the date(s), list the felony and describe the circumstances of the conviction(s).

Date	Felony
_____	_____
_____	_____
_____	_____
_____	_____

*Convictions will not necessarily disqualify you from employment. Factors such as age and time of the offense, seriousness, and nature of the violation, and rehabilitation will be taken into account.

List any friends or relatives you have working for Kickapoo Lucky Eagle Casino:

Name	Department	Relationship
Name	Department	Relationship
Name	Department	Relationship
Name	Department	Relationship

WORK HISTORY/EMPLOYMENT EXPERIENCE

Start with your present or last job and complete fully and accurately. Please include your *customer service* experience. Include any job-related military service assignments and volunteer activities.

1. NAME OF CURRENT OR LAST EMPLOYER		DATES EMPLOYED MONTH & YEAR		JOB DUTIES
ADDRESS/CITY/STATE/ZIP		FROM	TO	
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
				May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING OR WHY YOU WANT TO LEAVE CURRENT JOB:				<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY
2. NAME OF PREVIOUS EMPLOYER		DATES EMPLOYED MONTH & YEAR		JOB DUTIES
ADDRESS/CITY/STATE/ZIP		FROM	TO	
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
				May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING OR WHY YOU WANT TO LEAVE CURRENT JOB:				<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY
3. NAME OF PREVIOUS EMPLOYER		DATES EMPLOYED MONTH & YEAR		JOB DUTIES
ADDRESS/CITY/STATE/ZIP		FROM	TO	
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
				May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING OR WHY YOU WANT TO LEAVE CURRENT JOB:				<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY
4. NAME OF PREVIOUS EMPLOYER		DATES EMPLOYED MONTH & YEAR		JOB DUTIES
ADDRESS/CITY/STATE/ZIP		FROM	TO	
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
				May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING OR WHY YOU WANT TO LEAVE CURRENT JOB:				<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY

5. NAME OF PREVIOUS EMPLOYER		DATES EMPLOYED MONTH & YEAR		JOB DUTIES
ADDRESS/CITY/STATE/ZIP		FROM	TO	
TELEPHONE NUMBER(S)		HOURLY RATE/SALARY		
YOUR JOB TITLE	YOUR SUPERVISOR	STARTING	FINAL	
				May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING OR WHY YOU WANT TO LEAVE CURRENT JOB:				<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY
PROFESSIONAL REFERENCES <i>(Please list three (3) professional references who have knowledge of your professional experience, skills, abilities, etc.)</i>				
NAME (First and Last)	RELATIONSHIP	CITY	STATE	PHONE NUMBER

APPLICANT STATEMENT (REQUIRED)

APPLICANT'S CERTIFICATION AND AGREEMENT				
<p>I hereby certify that the information in the above employment application is true and complete to the best of my knowledge. I authorize Kickapoo Lucky Eagle Casino to contact references and employers for employment reference checks. I release Kickapoo Lucky Eagle Casino from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.</p> <p>I understand that should an employment offer be given to me and accepted that I will follow all policies, rules and regulations of employment of Kickapoo Lucky Eagle Casino. I understand that anything said during the interview process shall not be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is at will and that either I or the Kickapoo Lucky Eagle may terminate my employment at any time and for any reason, with or without prior notice or cause.</p> <p>I understand that, giving false or made up information, on this application will be considered reason for termination.</p> <p>Kickapoo Lucky Eagle Casino is a smoking environment. Are you willing to work in a smoke-filled environment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				
APPLICANT'S SIGNATURE AFFIRMING ABOVE STATEMENTS (REQUIRED)				
<p>Signature of Applicant: _____ Date: _____</p>				