

## WELCOME

*Dear Applicant:*

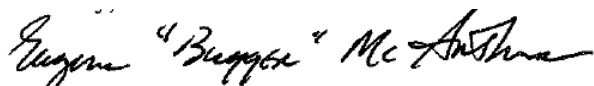
*Thank you for considering Shooting Star Casino, Hotel and Event Center as your choice for employment. As you complete the application for employment and prepare to work with us, please be aware of the following items:*

- *Background Investigations are completed on most applicants; this includes a criminal history check.*
- *Results of the Background Investigation determines placement in "key" or "non-key" job positions, to protect you, the associates and the assets of the Shooting Star Casino.*
- *Drug Testing is completed to maintain a productive and safe working environment. Your initial Urine Analysis test result determines the time line for the Hiring Process. Any illegally used or illegal chemical use will restrict position placement.*
- *Most positions are required to wear a uniform, which will require a uniform deposit deducted from the new associates first two paychecks.*
- *Applications are active for **six (6) months** after submission.*
- *The excellent Benefits packages are explained at a Benefit meeting you are required to attend at approximately 3 months after employment begins.*

*These are a few items to assist you as you prepare for employment at Shooting Star Casino, Hotel and Event Center, which is Minnesota's premier gaming destination. We are ranked #1 as the leader in our market share and Midwest Gaming magazine named our employees as the friendliest and most knowledgeable. Please contact the Human Resources office at extension 7464 if you have any questions.*

*We look forward to working together, to make Shooting Star your best employment opportunity. Now That's More!*

*Sincerely,*



*Eugene "Bugger" McArthur  
General Manager*

***Your application will be active for 6 months after submission.***

*EEO with Indian preference as prescribed by Federal Law: Indicate at time of submittal if claiming Indian Preference. Everyone Welcome to Apply*



White Earth Tribal Gaming Regulations  
P.O. Box 395  
Mahnomon, MN. 56557  
Phone: (218)935-2148

**Informed Consent Release for the Minnesota Gambling Enforcement Division and Bureau of Criminal Apprehension**

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

The following named individual has submitted an application with this agency for a Criminal Background Check.

Last Name of Applicant *(Print/Type)*: \_\_\_\_\_  
First Name of Applicant *(Print/Type)*: \_\_\_\_\_  
Middle (Full) *(Print/Type)*: \_\_\_\_\_  
Maiden, Alias or Former *(Print/Type)*: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female  
*MM dd yyyy*

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

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension and the Alcohol and Gambling Enforcement Division to disclose all criminal history record information to White Earth Tribal Gaming Regulations for the purpose of clearance with this agency.

By submitting this form, I hereby authorize the White Earth Tribal Gaming Regulations to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Tribal Gaming Regulations from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant Today's Date

**Applicants MUST Complete and Submit with Application**

**For Office Use Only:**

ENTITY: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ BILL TO: \_\_\_\_\_  
REPORTS REQUESTED:  STATE  FBI  MVR - STATE OF MN or Other  
DATE REQUESTED: \_\_\_\_\_ AUTHORIZING SIGNATURE: \_\_\_\_\_  
TRIBAL GAMING SIGNATURE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_  
Batch Number: \_\_\_\_\_

## SHOOTING STAR CASINO, HOTEL AND EVENT CENTER APPLICATION FOR EMPLOYMENT

**Date of Application:** \_\_\_\_\_

**Date Available for Work:** \_\_\_\_\_

### PERSONAL INFORMATION

Have you worked at the Shooting Star Casino before within the last 10 years?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Name:		Last Name:		Full Middle:	
Other Names Used:					
Address:		City:		State:	Zip:
Home Phone:		Work/Message Phone:		Cell Phone:	
Email:					
SSN:		Are you 18 years old or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female
Place of Birth	City:		County:		State:
					Country:
Do you have a valid drivers license		<input type="checkbox"/> Yes	<input type="checkbox"/> No	State Issued:	Expires: (Mo/Year)
Are you a US Citizen:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	List if Other:	
State of Residency:					

### POSITIONS APPLYING FOR: (MUST BE COMPLETED TO MAKE YOUR APPLICATION ACTIVE)

1.
2.
3.

### SHIFT/STATUS PREFERENCE:

Check the shifts you are willing to work:     Day                       Swing                       Night

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Check each status you are willing to work:     Full Time                       Part Time                       On Call

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Check all the days you are willing to work:     Sun     Mon     Tue     Wed     Thu     Fri     Sat

### EDUCATION INFORMATION: Check all that apply – highest education level achieved

HS Diploma or GED	<input type="checkbox"/>	If <u>did not</u> graduate–Highest Grade Completed
Some College classes but did not graduate	<input type="checkbox"/>	Area of Study
1 Year Certificate from a college/Tech School	<input type="checkbox"/>	Area of Study
2 Year Degree or equivalent from a College or Tech School	<input type="checkbox"/>	Area of Study
4 Year Degree or equivalent from a College or Tech School	<input type="checkbox"/>	Area of Study
Other Certificates, Degrees and Licenses (example: Blackjack, CDL, Boilers License, etc.):		

### VETERANS PREFERENCE:

Are you a Veteran of the U.S. Armed Services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check all that apply:		<input type="checkbox"/> Active Duty	<input type="checkbox"/> National Guard
		<input type="checkbox"/> Reserves	Rank at Discharge:
Date Enlisted/Commissioned:	Branch:	Date of Discharge:	

**INDIAN PREFERENCE:**

**\*\* In order to qualify for Indian Preference, you must complete the following information \*\***

**\*\* Check ONLY ONE that best describes your Tribal Affiliation. \*\***

- White Earth Enrolled - Enrollment Number: \_\_\_\_\_**  
**(Must list enrollment number when claiming Indian Preference)**
- White Earth Descendent (Must Complete Information Below to claim White Earth Descendent)**

Father's Full Name	Date of Birth	Tribal Affiliation
Mother's Full Name (Including Maiden)	Date of Birth	Tribal Affiliation

- MCT - Minnesota Chippewa Tribe Member – Check One -Enrollment # \_\_\_\_\_**  
**(Must list enrollment number when claiming Indian Preference)**
  - Leech Lake / Cass Lake**
  - Bois Fort / Nett Lake**
  - Grand Portage**
  - Fond Du Lac**
  - Mille Lacs / Sandy Lake**

- Member of a Federally Recognized Tribe List Tribe: \_\_\_\_\_**  
**Enrollment # \_\_\_\_\_**  
**(Must list enrollment number when claiming Indian Preference)**

- White Earth Enrolled Family Member - List Family Member: \_\_\_\_\_**  
**(Must list White Earth Enrolled Family Member currently living with you)**

- No Tribal Affiliation or Indian Preference Claimed**

## WORK HISTORY:

Please list jobs for the last 5 years and/or jobs relevant to the positions you are applying for.

Name of Employer:		Position Held:
Employer Address: (City/State)		Employer Telephone:
Dates Employed:	From: (Month/Year)	To: (Month/Year)
Duties:		
Reason For Leaving:		
Name of Employer:		Position Held:
Employer Address: (City/State)		Employer Telephone:
Dates Employed:	From: (Month/Year)	To: (Month/Year)
Duties:		
Reason For Leaving:		
Name of Employer:		Position Held:
Employer Address: (City/State)		Employer Telephone:
Dates Employed:	From: (Month/Year)	To: (Month/Year)
Duties:		
Reason For Leaving:		
Name of Employer:		Position Held:
Employer Address: (City/State)		Employer Telephone:
Dates Employed:	From: (Month/Year)	To: (Month/Year)
Duties:		
Reason For Leaving:		
Name of Employer:		Position Held:
Employer Address: (City/State)		Employer Telephone:
Dates Employed:	From: (Month/Year)	To: (Month/Year)
Duties:		
Reason For Leaving:		

**In certain positions – a job offer may be conditional pending results of a medical examination or inquiry of your background.**

- Have you ever worked in a position where you handled cash? Yes  No

If Yes, For Whom: \_\_\_\_\_

- Have you ever worked for a gaming entity before? Yes  No

- Are you able to perform all the job functions for the positions you are applying for: (You may request a copy of the job description to ascertain the complete requirements for each job).

Yes  No

- Will you require any accommodations, such as special equipment or adjustments to the work environment to support a special need that you have? Yes  No

If yes, please explain: \_\_\_\_\_

List any additional information you think may be helpful to us in considering you for employment.


- **Upon Hire, you will be required to provide two valid forms of ID. One of those ID's must be a picture ID.**
- **All job offers will be conditional until successful completion of a background check, drug testing or any additional testing required for that position.**

**Contact Information**

**Shooting Star Casino, Hotel and Event Center**

**Attn: Human Resources Department**

**PO Box 418**

**Mahnomen, MN 56557**

**Phone: (218) 935-2711 ext. 7464 Fax: (218) 935-2210**

**On the Web at: [www.starcasino.com](http://www.starcasino.com)**

**Email: [ehiring@starcasino.com](mailto:ehiring@starcasino.com)**

**EMPLOYMENT BACKGROUNDS INFORMATION**

**PAST RESIDENCES:**

List of residences from age 18. **List most current residence first and then work backwards.**

City:	County:	State:	From: (M/Y)	To: (M/Y)
				Current Residence

**PHYSICAL INFORMATION: For Identification purposes only.**

Date of Birth:				
Height:	Weight:	Hair:	Eye Color:	Race:

**CRIMINAL HISTORY: Failure to Disclose will affect your employment eligibility**

Have you **ever** been convicted, charged or are you currently being charged with any Criminal Offenses **excluding** minor Traffic Violations?

(Check One)

YES

NO

If Yes, Please List: **Category of Offense equals Felony (FEL), Gross Misdemeanor (GMSD) or Misdemeanor (MSD)**

Category of Offense (FEL, GMSD, MSD)	Charge/Conviction <b>List all criminal activity</b>	Date	City	County	Disposition (End Result) i.e. fine, jail, probation, \$ amount of theft charges
-					
-					
-					
-					
-					

***Your application will not be activated unless ALL criminal activity is listed  
Bring all Court Documentation regarding Dismissed /Stay of Adjudication offenses to Backgrounds***

Have you ever been terminated for theft of property and/or money from any of the White Earth entities: White Earth RTC, Shooting Star Casino, Garment Factory, Ojibwe Building Supplies, Food Distribution, Housing, Water and Sewer, Indian Child Welfare, Naytahwaush Sports Complex, Circle of Life School, Pine Point School, Head Start, Golden Eagle Bingo, Elderly Nutrition, Congregate Housing, WIC, Biology, Conservation, Motor Pool, CHR/Home Health, Chemical Dependency, or any other White Earth entity?

Yes  No  If Yes, List Date and Entity of Termination:

**REFERENCES: ALL INFORMATION IS REQUIRED, incomplete address can result in inactivation of your application.**

**No General Delivery addresses and no General Address using only City, State and Zip.**

Please list the names, current addresses, telephone number and relationship of five personal references that are **NOT RELATED** to you.

Name:		Type of Relationship
Address:	(City/State/Zip)	
Telephone:		
Years Known:		
Name:		Type of Relationship:
Address:	(City/State/Zip)	
Telephone:		
Years Known:		
Name:		Type of Relationship
Address:	(City/State/Zip)	
Telephone:		
Years Known:		
Name:		Type of Relationship
Address:	(City/State/Zip)	
Telephone:		
Years Known:		
Name:		Type of Relationship
Address:	(City/State/Zip)	
Telephone:		
Years Known:		
Name:		Type of Relationship
Address:	(City/State/Zip)	
Telephone:		
Years Known:		

**BUSINESS, FINANCIAL AND GAMING INTERESTS:**

Describe any previous or existing business relationships with Indian Tribes or the Gaming Industry, including ownership in those businesses. Also, list a contact person with a telephone number who can verify this relationship.

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List any business you have owned or had interest in, its address, your ownership interest or position held within the last 10 years.

Name of Business	Address	Own/Interest/Position	From:	To:

Contact person other than yourself to verify your business(s).

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Have you ever applied for a permit or license related to Gaming? Yes  No

Have you ever been denied a permit or license related to Gaming? Yes  No

Type of License:	State:	Issuing Agency:	Phone:

If License was revoked, provide details:

Please indicate by answering the following questions whether or not you have a financial interest in any gambling activity including non-Indian business or interest.

- Yes  No Invested or loaned money, have an option to purchase, or have a contract for service to any gambling facility or activity?
- Yes  No Have ownership or interest in equipment being leased or otherwise provided to any gambling facility?
- Yes  No Have investment or ownership in any activity listed in the Employment Section of this application?
- Yes  No Do you receive any revenue or payments or money from any person who is involved in the activities listed in the Employment Section of this Application as a result of the operation of gambling?
- Yes  No Have you ever worked for, in any capacity, a gambling operation?

If Yes, Where: \_\_\_\_\_ When: \_\_\_\_\_ Position: \_\_\_\_\_

Please explain all YES answers:


**Any questions regarding background information please contact:**

**White Earth Background Investigations**

**Attn: Christie Haverkamp**

**PO Box 395**

**Mahnomen, MN 56557**

**Phone: (218) 935-2148 ext 203 Fax: (218) 935-5087**

**Email: [christieh@whiteearth.com](mailto:christieh@whiteearth.com)**

## **ADDITIONAL INFORMATION**

Please list any other information you would like us to consider when reviewing your application for employment. Please use this space for any continued information from this application. Annotate Section of Application for reference.

