



# Sokaogon Gaming Enterprise Corp

Attn: Human Resource Manager  
 P.O. Box 277 Crandon, WI 54520  
 Fax: 715-478-5745

Name:	(Last)	(First)	(M.I)	(Maiden Name)	(Date)		
Present Address:	(Street)	(City)	(State)	(Zip)	(Telephone)		
Sex:	Male ___	Female ___	Ethnic Group:	American Indian ___	Asian ___	Black ___	White ___

Are you Tribally affiliated? \_\_\_\_\_ If so, where? \_\_\_\_\_ Please attach a copy of your Tribal I.D. card.  
 Are you either a U.S. citizen or an alien authorized to work in the United States? Yes \_\_\_ No \_\_\_

Social Security Number: \_\_\_\_\_  
 Date of Birth: (optional) \_\_\_\_\_  
 Are you 18 years of age or older? Yes \_\_\_ No \_\_\_  
 Felony Conviction? Yes \_\_\_ No \_\_\_  
 If yes, Explain: \_\_\_\_\_

Position Desired: (be specific) \_\_\_\_\_  
 Days and hours you are available for work? \_\_\_\_\_  
 Nights? Yes \_\_\_ No \_\_\_ Weekends? Yes \_\_\_ No \_\_\_  
 Holidays? Yes \_\_\_ No \_\_\_  
 Full Time: Yes \_\_\_ No \_\_\_ Part Time: Yes \_\_\_ No \_\_\_

School Attended	Name of School Location of School	Diploma or Degree Earned	Major Course of Study (Note special courses taken)
High School			
Vocational - Technical			
College or University			
Graduate or Other			

If you served in the military, which branch? \_\_\_\_\_ Dates: \_\_\_\_\_  
 Do you have a driver's license? Yes \_\_\_ No \_\_\_ License #: \_\_\_\_\_  
 Do you have regular access to a car? Yes \_\_\_ No \_\_\_  
 Do you have car insurance? Yes \_\_\_ No \_\_\_ What insurance company? \_\_\_\_\_

Indicate any physical limitations you may have that relate to work (i.e., lifting, standing, allergies, night vision, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Indicate your employment history below. List your most recent employer first. These employers may be contacted for a reference.

**Current / Most Recent Employer**

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Start Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_ Date Left: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Pay: \$ \_\_\_\_\_ / HR \_\_\_\_\_ WK \_\_\_\_\_ MO \_\_\_\_\_ YR \_\_\_\_\_

Describe your duties: (list tasks performed, tools used, machines operated.)

**Second Most Recent Employer**

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Start Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_ Date Left: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Pay: \$ \_\_\_\_\_ / HR \_\_\_\_\_ WK \_\_\_\_\_ MO \_\_\_\_\_ YR \_\_\_\_\_

Describe your duties: (list tasks performed, tools used, machines operated.)

**Third Most Recent Employer**

Employer Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Start Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_ Date Left: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Pay: \$ \_\_\_\_\_ / HR \_\_\_\_\_ WK \_\_\_\_\_ MO \_\_\_\_\_ YR \_\_\_\_\_

Describe your duties: (list tasks performed, tools used, machines operated.)

Note any other job-related education or training, life experiences, special skills, licenses, volunteer work, correspondence courses, etc.

**REFERENCES:**

Please list 2 references, not related to you, whom you have known for at least 1 year. Include name, address and phone number.

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

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

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

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

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

I do hereby attest that the above information is true and correct to the best of my knowledge. I realize that any false or misleading information may disqualify me from being considered. I also authorize the potential employer to verify any of the above information. I agree to undergo a background check, including fingerprinting, prior to being hired.

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

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

\*\* This application will remain on file for one year \*\*