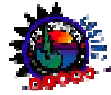


Dakota Magic Casino



Dakota Nation Gaming Enterprise

Dakota Connection Casino



Dakota Sioux Casino



Application for Employment*

Please read this application thoroughly. Print all information in ink.

STATEMENT OF AUTHORITY TO RELEASE INFORMATION – PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION

I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. The company, in considering my application for employment, may verify the information set forth on this application and obtain additional information concerning my background. I also understand that it is the policy of this organization to extend preferential consideration to qualified Native Americans in hiring, transfers and promotions. Within the Indian Preference Act provision (Title 25, U.S.C. Section 472 and 473) and Sisseton-Wahpeton Tribal Code Chapter 59-05-03, the Enterprise will extend preference to: 1. Enrolled members of the SWO 2. Indian spouses of enrolled Members 3. Other Indian Tribal Members. With the exception of the above, DNGE offers to all applicants for employment, an equal opportunity for available positions, regardless of age, race, sex, creed, religion, physical, or mental handicap. Provided Tribal and/or State law permit, I further agree to submit to Alcohol/Drug screening tests, where and whenever legal, if requested of me at any time prior to, or during my employment.

SIGNATURE: _____

Last Name, First Name, M.I.		Date
Street Address		Social Security Number
City of Town	State	Zip Code
Telephone Number & Area Code	Alternate Phone Number	Are you age 18 or older* <input type="checkbox"/> Yes <input type="checkbox"/> No
		Are you age 21 or older* <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a United States Citizen? Yes No

If not, are you legally eligible for employment in the United States? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

You will be required to apply for a Gaming License. Have you ever been convicted of a felony?
Yes No

If yes, please list convictions:

Position Information

Position(s) applying for: (List 3)	Expected pay rate: \$ _____ per _____
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Are you available to work: Full Time Part Time; hours available to work? From _____ to _____

Check all shifts you are available to work: Days Evenings Graveyard Weekends

Can you alternate between shifts? Yes No Can you work overtime? Yes No

Date available to work: _____

* This form has been designed to strictly comply with Tribal, State and Federal fair employment practice laws prohibiting employment discrimination. ** The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

EDUCATION & EXPERIENCE

Type of School	Name & Location of Last Full Time School	Course of Study	Last Year Completed	Did you Graduate?	Degree	Last Year Attended
High School						
College						
Technical/ Vocational						

Describe other specialized training, including graduate, business, trade, correspondence, night, or military service school(s) and or apprenticeship programs. Indicate program name, length, whether or not you completed, and dates of attendance. _____

EMPLOYMENT HISTORY

Answer every question (This portion is not necessary if resume is attached and provides the information). Starting with present or most recent employer, list all previous employment for the past 5 years. List only employers located in the United States. Include self-employment, summer and part time jobs.

May we contact your present or previous employers? Yes No

Company Name: _____

Address: _____

Dates of Employment: _____

Telephone: _____

Job Title: _____

Describe your responsibilities: _____

Supervisor: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Dates of Employment: _____

Telephone: _____

Job Title: _____

Describe your responsibilities: _____

Supervisor: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Dates of Employment: _____

Telephone: _____

Job Title: _____

Describe your responsibilities: _____

Supervisor: _____

Reason for Leaving: _____

Employment History continued:

Please explain any unemployment period longer than 60 days: _____

If you have ever been involuntarily discharged from an employer within the last 5 years, give the reason:

VOLUNTARY PHYSICAL INFORMATION

A significant number of our jobs require certain physical capabilities. You will be provided a job description of any job that you are being considered for, but in an effort to match the right person with the right job we are asking you to voluntarily complete this section.

Do you have any physical or mental limitations that preclude you from performing any work for which you are being considered, or that you pose a risk to other employees? Yes No

Are you willing and able to lift up to 40 lbs.? Yes No

If requested, are you willing to submit to a physical examination at DNGE's Expense? Yes No

REFERENCES

Please give one personal reference (not a member of your family) that we may contact and that you have known for at least 5 years:

NAME & RELATIONSHIP:	ADDRESS:	PHONE # (include area code)
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EMERGENCY NOTIFICATION

Please list one person that we may contact in case of emergency:

NAME & RELATIONSHIP:	ADDRESS:	PHONE # (include area code)
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VOLUNTARY: Are you claiming Indian Preference? Yes No Which Tribe? _____

If claiming SWO please indicate the district you are enrolled _____

Are you a Veteran? Yes No

CERTIFICATION

I certify that the statement made and the information that is provided on this application, the supporting documents, and interview(s) are true and complete to the best of my knowledge. I understand that any false or misleading information, including omission of facts, given on my application, in supporting documentation, or during interviews is grounds for disqualification from further consideration, or if employed, for immediate discharge without notice. As an applicant of DNGE, I can expect to be interviewed by a fair and impartial interview committee.

I understand that if an offer of employment is extended, employment is contingent upon my undergoing a test for illegal drug usage. Should the initial screening drug test be positive for an illegal substance, I will be immediately discharged.

If employed, I agree to abide by DNGE's policies and procedures and those rules and regulations set forth by the Sisseton Wahpeton Sioux Tribe's Tribal Council.

I have read, or have had read to me, and I understand the above notice.

Signature: _____