



- FORMER EMPLOYEE
- TRIBAL MEMBER / AFFILIATE / SPOUSE
- OTHER NATIVE AMERICAN
- OTHER \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

UTE MOUNTAIN UTE TRIBAL MEMBERS WILL BE GIVEN FIRST PREFERENCE.  
 THE UTE MOUNTAIN CASINO, HOTEL & RESORT IS AN INDIAN PREFERENCE EMPLOYER.

### PERSONAL INFORMATION:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOC. SEC. # : \_\_\_\_\_  
LAST FIRST MI

MAILING ADDRESS: \_\_\_\_\_  
P.O. BOX / STREET CITY STATE ZIP

PHYSICAL ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

\_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ MESSAGE PHONE

### EMPLOYMENT DESIRED:

POSITION DESIRED: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_  
 DATE YOU CAN START: \_\_\_\_\_ ARE YOU EMPLOYED NOW? \_\_\_\_\_  
 IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_  
 EVER WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_  
 REFERREED BY: \_\_\_\_\_

### EDUCATION:

NAME OF SCHOOL	CITY/STATE	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE EARNED
GRAMMER				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

### GENERAL:

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

ACTIVITIES (CIVIC, ATHLETIC, ETC.): \_\_\_\_\_

(EXCLUDE: Organizations, the name of which indicates the race, creed, sex, age, marital status, color national origin of of its members)

US MILITARY OR NAVAL SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_

MEMBERSHIP IN THE NATIONAL GUARD / RESERVES: \_\_\_\_\_

**FORMER EMPLOYERS:**LIST BELOW THE LAST THREE EMPLOYERS, **STARTING WITH MOST RECENT**

DATE, MONTH AND YEAR	ADDRESS / PHONE #	SALARY	POSITION	REASON FOR LEAVING
FR:				
TO:				
FR:				
TO:				
FR:				
TO:				

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHY? \_\_\_\_\_

**REFERENCES:**GIVE THE NAMES OF THREE PERSONS *NOT RELATED TO YOU*, WHOM YOU HAVE KNOWN AT LEAST YEAR.

NAME	ADDRESS / PHONE #	BUSINESS	YEARS ACQUAINTED

**IN CASE OF EMERGENCY, NOTIFY:**

NAME

ADDRESS

PHONE NUMBER

*" I certify that the facts contained in this application are true and complete to the best of my knowledge. It is also understood that, if employed, falsified statements on this application shall be grounds for dismissal.*

*I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damage that may result from furnishing this information to you.*

*I understand and agree that, if hired, my employment is for no definite period of time. My employment may be terminated at any time without prior notice and without cause."*

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**P.O. BOX 268 TOWAOC, CO 81334****CASINO: 3 WEEMINUCHE DRIVE AT YELLOWHAT, TOWAOC, CO 81334****TELEPHONE: 1-800-258-8007 or 970-565-8800 Ext. 107 and 109 FAX: 970-565-6553**