

****Please Detach and Keep for Your Records****
Prairie's Edge Casino Resort
Job Application Process

1. Fill out job application completely. An incomplete application will not be considered.
2. You may hand deliver your application to the Human Resources Department.
3. Your application will be placed on file for interview consideration.
4. All completed applications, including transfer requests and Upper Sioux Community Member applications will be reviewed.
5. Interviews are scheduled as per departmental needs and qualifications. If selected, you will be required to complete a Gaming License Application.
6. You are required to bring the following information with you when you complete the Gaming License Application:
 - a. Birth Certificate;
 - b. Social Security Card;
 - c. Picture ID;
 - d. Diploma(s), GED or Transcripts.

Prairie's Edge Casino Resort conducts Pre-Employment Drug Testing.

Prairie's Edge Casino Resort is an employer with Native American Preference.

Native American Preference requires that applicants seeking Native American Preference be fully qualified for the position.

Prairie's Edge Casino Resort
Employment Application

Are you claiming Native American Preference?			
Yes _____ Tribe _____ Enrollment Number _____		No _____	
Incomplete applications will not be considered		Date: _____	
Name (last, first, mi)		Social Security Number	Home Telephone Number
			Alternate Telephone Number
Street Address		City	State
			Zip Code
Previous Address - if less than 5 years - use additional sheet if necessary		City	State
			Zip Code
Position(s) Desired		Are you at least 18 years old?	If no, are you at least 16 years old?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for or held a job with Prairie's Edge Casino Resort or Firefly Creek Casino?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, applied <input type="checkbox"/> Yes, held a job			
What position? _____			
If employed, why do you want to change your position?		What type of work will you accept?	
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temp	
What hours and days are you available to work?		Will you work on any shift as assigned?	Yes No
		Are you available to work overtime, weekends and holidays?	Yes No
Machines operated, if applicable			
<input type="checkbox"/> Other <input type="checkbox"/> Adding Machine <input type="checkbox"/> Calculator <input type="checkbox"/> Computer			
Salary/Wage Desired		Date Available to begin work	
\$ _____			

Employment History

Give your past employment record starting with your present or last employer (past five years).
Include military experience, if applicable. If you need more space, attach an additional sheet or resume.

Company Name & Address	Company Telephone Number	Mo/Yr Hired	Mo/Yr Left	Title and brief description of duties.
	Supervisor's Name			
	Reason for Leaving			
Company Name & Address	Company Telephone Number	Mo/Yr Hired	Mo/Yr Left	Title and brief description of duties.
	Supervisor's Name			
	Reason for Leaving			
Company Name & Address	Company Telephone Number	Mo/Yr Hired	Mo/Yr Left	Title and brief description of duties.
	Supervisor's Name			
	Reason for Leaving			

Education & Other Skills/Training

Names of High School, Business School, Technical School or College	Major	Complete if you graduated: Degree or Certificate Received	Complete if you DID NOT graduate: Last grade completed or Credit Hours Received

List any special activities or honors
 You may exclude activities or honors which indicate sex, religion, or national origin

References

List three non-related personal references		
Name and Address	Name and Address	Name and Address
Telephone Number	Telephone Number	Telephone Number
Years Known	Years Known	Years Known
How do you know this person?	How do you know this person?	How do you know this person?

1. Have you ever had any sickness, disease or injury that would affect your ability to perform any work duties of any kind

Yes No

2. Are you currently receiving any disability benefit from any source?

Yes No

3. I acknowledge that this position requires a criminal background investigation; therefore the following question is relevant:
 Have you ever been convicted of a felony?

Yes No

Applicant Agreement READ CAREFULLY BEFORE SIGNING

1. I certify that the statements and information furnished by me in this application are true and correct and understand that falsification of such statements or information will result in withdrawal of the employment offer, or immediate dismissal
2. I authorize investigation of my personal and employment background, including an FBI background check by the USC Gaming Commission
3. I authorize investigation of all statements contained herein and the references listed above to provide to Prairie's Edge Casino Resort and all information concerning my previous employment and any pertinent information they may have, and release all parties from liability for any damage that may result from furnishing same to you
4. In consideration of my employment, I agree to conform to the rules, regulations and policies of Prairie's Edge Casino Resort; which may require me to submit to any tests or examinations including drug testing and/or a medical examination requested by Prairie's Edge Casino Resort.
5. I understand and agree that, if offered employment, I will be required to show evidence that I am either a U.S. citizen or a legally employable alien.
6. I realize that I cannot be employed by Prairie's Edge Casino Resort if convicted of a felony within the last five years, or while employed.
7. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of wage and salary, be terminated at any time without prior notice and without cause
8. I recognize that all records, documents, materials, lists, drawings, books, programs and all other property of Prairie's Edge Casino Resort made by me are property of the Company exclusively
9. I understand that failing to disclose existing physical problems may jeopardize my potential to collect compensation for job related injuries.
10. I understand that the Upper Sioux Indian Community has its own workers compensation program not subject to Minnesota law and agree to the conditions of that program.

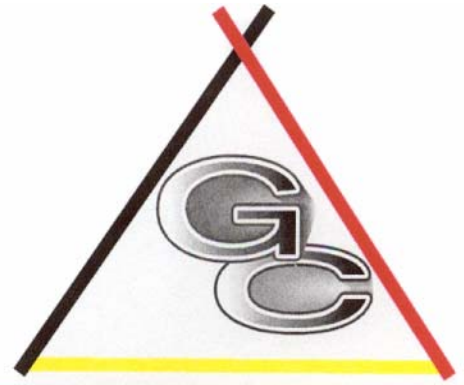
Upper Sioux Community

Gaming Commission

Office of Regulation and Enforcement

PO Box 66 Granite Falls, MN 56241

Phone: 320-564-6067 Fax: 320-564-6013



AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date in ink.

I, _____, hereby authorize release to the Upper Sioux Community Gaming Commission (USCGC) and/or the Minnesota Department of Public Safety, any information requested in order for the USCGC to determine my suitability for involvement in Indian gaming.

This document authorizes release of requested information whether or not such information should otherwise be protected from disclosures by any constitutional, statutory or common law privilege.

I agree to accept any risk of adverse public notice, embarrassment, criticism or financial loss that may result from use of information that is obtained in connection with a background investigation for the purpose listed in the first paragraph of this document.

I authorize release of any information related to my activities including schools, property interests (real and personal), employment, criminal justice agencies, regulatory agencies, businesses, financial institutions, lending institutions, medical institutions, hospitals, and health care professionals.

I authorize review and copying of all documents.

I relinquish any right that I may otherwise have to pursue a cause of action against any person (or his or her agent) to whom this request is presented when such cause of action arises out of a response for information pursuant to the Indian Gaming Regulatory Act of 1988 (25 U.S.C. & 2701 et seq.) I further agree to indemnify and hold harmless any person to whom this request is lawfully presented. Such indemnifications and holding harmless includes claims, damages, losses and expenses, including reasonable attorney fees.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization shall remain effective during my term of employment with Prairie's Edge Casino Resort.

Full Name (type or print)

Social Security Number

Current Address (street and city)

State

Zip Code

Home Telephone Number

Signature

Date Signed