

MOUNTAIN GODS

RESORT & CASINO

APPLICATION FOR EMPLOYMENT

HUMAN RESOURCE DEPARTMENT

A MESCALERO APACHE ENTERPRISE
 P.O. BOX 269
 MESCALERO, NEW MEXICO 88340-0269
 (575) 464-7329

PERSONAL								
NAME (LAST)		(FIRST)		(MIDDLE)		TODAY'S DATE		
MAILING ADDRESS				CITY		STATE	ZIP CODE	
HOME PHONE		BUSINESS / MESSAGE PHONE		BEST TIME TO CONTACT				
AREA CODE () _____		AREA CODE () _____		_____ A.M.		_____ P.M.		
AREA CODE () _____		AREA CODE () _____						
POSITION(S) APPLYING FOR (you may apply for only two)			AVAILABLE		SPECIFIC DAYS AND HOURS AVAILABLE FOR WORK		SHIFT PREFERENCE	
1. _____			<input type="checkbox"/> FULL TIME				<input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> GRAVE	
2. _____			<input type="checkbox"/> PART TIME					
HAVE YOU EVER BEEN CONVICTED OF A FELONY or CRIME?				HAVE YOU EVER WORKED FOR OUR ORGANIZATION BEFORE?				
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please refer to page 2 A Section II				If yes, last day worked? _____				
ARE YOU 21 YEARS OR OLDER?				DO YOU HAVE THE LEGAL RIGHT TO LIVE AND WORK IN THE UNITED STATES?				
<input type="checkbox"/> YES <input type="checkbox"/> NO If not, state age _____				<input type="checkbox"/> YES <input type="checkbox"/> NO				
HOW DID YOU LEARN ABOUT THIS POSITION?								
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Careerbuilder	<input type="checkbox"/> H Careers	<input type="checkbox"/> Casino Careers	<input type="checkbox"/> Inn of the Mountain Gods Website				
<input type="checkbox"/> Job Bulletin	<input type="checkbox"/> Jobbing	<input type="checkbox"/> Radio	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Another Team Member				
NAME OF RELATIVES CURRENTLY EMPLOYED BY THE INN OF THE MOUNTAIN GODS RESORT AND CASINO?								
ARE YOU A MEMBER OF THE MESCALERO APACHE TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO TRIBAL ENROLLMENT NUMBER _____								
ARE YOU AN AFFILIATE OF THE MESCALERO APACHE TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO TRIBAL MEMBER NAME _____								
ARE YOU A MEMBER OF ANOTHER TRIBE? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME OF TRIBE _____								
EDUCATION								
	NAME AND ADDRESS OF SCHOOL	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE	DATES ATTENDED	LIST DIPLOMA OR DEGREE
HIGH SCHOOL/ GED	_____	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	FROM _____ TO _____	
COLLEGE	_____	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	FROM _____ TO _____	(List Degree)
OTHER/ Certificate	_____	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	FROM _____ TO _____	(Specify)
REFERENCES								
PERSONAL REFERENCES (Do not include former Employers or Relatives) NAME AND OCCUPATION				ADDRESS		TELEPHONE		
_____				_____		_____		
_____				_____		_____		

EMPLOYMENT LISTING

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, FOR THE PAST 10 YEARS, BEGINNING WITH THE MOST RECENT EMPLOYER. ACCOUNT FOR ALL GAPS IN EMPLOYMENT.

NAME, ADDRESS, & TELEPHONE NUMBER OF BUSINESS	FROM		TO		DESCRIBE THE POSITION AND JOB DUTIES	REASON FOR LEAVING	NAME OF SUPERVISOR
	MONTH	YEAR	MONTH	YEAR			
_____ _____ TELEPHONE ()							
_____ _____ TELEPHONE ()							
_____ _____ TELEPHONE ()							
_____ _____ TELEPHONE ()							
_____ _____ TELEPHONE ()							

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO
 IF NOT, PLEASE INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

APPLICANTS RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the answers and statements given by me in this application are true and correct. I understand that any misrepresentation or omission of facts in this application, or during the course of an interview, may be justification for refusal of employment, or if employed, termination from employment. I authorize IMGR&C and its entities to investigate all that it believes is relevant to my employment application including but not limited to, my employment history, educational institutions, and individuals whom I have given as personal references to provide information that they have about me in response to an inquiry from the company as a result of my application for employment.

I also acknowledge, that I will submit to urine tests to determine if I am drug free. I understand that my refusal to submit to urine tests may result in withdrawal of any offer of employment, or if employed, termination of employment.

Inn of the Mountain Gods Resort & Casino. as a result of this ownership, preferential hiring will go to enrolled Tribal members and secondly to affiliates then the third will be to other Native Americans enrolled in a federally recognized tribe.

Date: _____ Signature of Applicant: _____

Rehire Policy May 2010

Section I.

Initial _____	1st Time Employment - 30 Day waiting period A former team member who leaves IMG in good standing
Initial _____	1st Time Employment - 120 Day waiting period A former team member who leaves IMG for first time due to a policy violation. Upon re-hire the team member must complete a Performance Improvement Plan agreeing to correct the performance or behavior issue from previous employment.
Initial _____	2nd Time Employment If a team member is terminated voluntarily or involuntarily a second time, they will not be eligible for rehire for six months from termination date.
Initial _____	3rd or Consecutive Time If a team member is terminated a third and/or consecutive times they are not eligible for rehire for a period of one year from termination date.
Initial _____	A team member who is terminated for theft, harassment, or any type of violence will not be eligible for rehire.

Section II.

HAVE YOU EVER BEEN ARRESTED, CHARGED OR INDICTED FOR A MISDEMEANOR OF FELONY (OTHER THAN MINOR TRAFFIC VIOLATIONS) INCLUDING RECKLESS DRIVING, CARELESS DRIVING or DUI/DWI?

ARE YOU NOW THE SUBJECT OF A CRIMINAL INVESTIGATION? YES NO

IF YES, PROVIDE THE FOLLOWING INFORMATION FOR EACH INSTANCE (Attach additional sheet if necessary)

Charge: _____

Type of Charge (Misdemeanor or Felony): _____ Date: _____

Name of Court, City and State _____

Disposition (Outcome) _____

Charge: _____

Type of Charge (Misdemeanor or Felony): _____ Date: _____

Name of Court, City and State _____

Disposition (Outcome) _____

Charge: _____

Type of Charge (Misdemeanor or Felony): _____ Date: _____

Name of Court, City and State _____

Disposition (Outcome) _____

Charge: _____

Type of Charge (Misdemeanor or Felony): _____ Date: _____

Name of Court, City and State _____

Disposition (Outcome) _____