

EMPLOYMENT APPLICATION

MAZATZAL HOTEL & CASINO

P.O. BOX 1820 PAYSON, AZ 85541

TELEPHONE: 928-474-6044 FAX: 928-472-3994



Mazatzal Hotel & Casino is a drug-free workplace, and it is mandatory that the pre-employment consent and release form be signed prior to employment. Answer all questions completely and truthfully. Qualified applicants are considered without regard to race, color, sex, religion, age, national origin, veteran status, or disability, except where Native American Preference applies. Applications will remain active for 6 months.

YOU MUST BE 18 YEARS OLD OR OLDER TO APPLY**POSITION(S) DESIRED:** _____**DATE:** _____CHECK APPROPRIATE BOXES:
Will accept: Full Time Part Time On Call **Shifts Available:** Day Swing Grave
FULL NAME: FIRST _____ **M.I.** _____ **LAST** _____**MAILING ADDRESS:**

Street Number: _____

City, State & Zip Code _____

Email Address: _____

TELEPHONE:

Daytime: _____

Evening: _____

 Are you legally able to work in the United States of America in accordance with the Immigration Control and Reform Act Of 1986? Yes No

Military Status: _____ Branch: _____

Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation, not including minor traffic violations. Yes No If yes, please state when, where and the disposition: _____

Have you ever been convicted of a felony? Yes No
Have you ever been convicted of a sex offense? Yes No If yes, you must register with the Tonto Apache Law Enforcement, per the Adam Walsh Act of 2006.

 Have you ever worked for Mazatzal Hotel & Casino? Yes No If yes, please state dates and position (s) held: _____

NATIVE AMERICAN PREFERENCE – *Mazatzal Hotel & Casino extends hiring preference to enrolled Native American Tribal members.*

 Are you an enrolled member of a Native American Tribe? Yes No

Tribal Affiliation: _____

 Are you related to any employee(s) of Mazatzal Hotel & Casino? Yes No

If yes, list name(s) and department(s) _____

EDUCATION: Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

 Did you graduate from high school? Yes No GED? Yes No

Name of School and Address	Course of Study	Degree/Major Study
High School		
College/Univ.		
Trade		
Other/Certification/Licensing		

EMPLOYMENT HISTORY: COMPLETE entire application as listed. The amount of experience and the way you describe your experience may determine whether or not you are ruled eligible for employment. Your qualifications will be evaluated largely on the basis of the information provided on this application. Attach a separate sheet of paper for continuation, if necessary. List your most recent employment experience. Be accurate and complete. If you wish to elaborate on your experience, a resume may be attached.

MAY WE CONTACT YOUR PRESENT AND PAST EMPLOYERS : YES NO

1. Employer Name & Address:		Type of Business:	Telephone:	
Position:		Supervisor & Title:	Reason for Leaving:	
Describe your position:			Employed from (Mo/Yr)	To (Mo/Yr)
2. Employer Name & Address:		Type of Business:	Telephone:	
Position:		Supervisor & Title:	Reason for Leaving:	
Describe your position:			Employed from (Mo/Yr)	To (Mo/Yr)
3. Employer Name & Address:		Type of Business:	Telephone:	
Position:		Supervisor & Title:	Reason for Leaving:	
Describe your position:			Employed from (Mo/Yr)	To (Mo/Yr)

READ CAREFULLY BEFORE SIGNING BELOW

I understand that the information contained in this employment application is **accurate** and **complete**. I understand giving incomplete or false information in an application for employment is a serious matter and is grounds for dismissal and forfeiture of related benefits. In connection with this employment inquiry I authorize all corporations, education institutions, persons, law enforcement, military services, federal, state, county and local government and former employers to release all information they have about me to Mazatzal Hotel & Casino or its agents and I hereby release each and everyone who provides any such information and Mazatzal Hotel & Casino and its subsidiaries and its agents from any and all liability and responsibility for doing so. I further understand that employment can be terminated with or without cause or notice at any time at the option of either the company or employee. I will be an employee at – will, unless different terms are agreed to in writing by the General Manager.

Applicant Signature: _____ Date: _____

PERSONAL REFERENCES

(LIST TWO PERSONS OTHER THAN A RELATIVE OR EMPLOYER WILLING TO PROVIDE REFERENCES)

NAME: _____

YRS KNOWN: _____

HOME ADDRESS: _____

PHONE #: (____) _____-_____

OCCUPATION: _____

EMPLOYER: _____

NAME: _____

YRS KNOWN: _____

HOME ADDRESS: _____

PHONE #: (____) _____-_____

OCCUPATION: _____

EMPLOYER: _____

PRE-EMPLOYMENT CONSENT AND RELEASE

The undersigned applicant hereby authorizes Mazatzal Hotel & Casino (hereinafter referred to as 'Company') to conduct through its designated Company drug screener or medical facility a drug-screening test as a requirement of employment.

In applying for employment, I understand that a saliva drug-screening test will be administered as part of the pre-employment process to determine the presence of certain drugs and substances prohibited by Company Policy. I further understand that the presence of any of these drugs or substances will cause my rejection from further consideration for employment.

I agree that test results provided by the Company testing laboratories and approved Medical Review Officer (MRO) shall be conclusive and final and that the test results provided by the testing laboratories or MRO not approved by the Company will not be accepted or considered valid.

I understand that refusal to submit to the drug screening test will constitute voluntary withdrawal of my application for employment.

I authorize the results of this urine drug screen to be given to the Company or any of its agents.

I release and hold the Company designated drug screener, testing laboratory, medical facility and MRO harmless for release of this information. I also release and hold harmless the Company, its directors, officers, stockholders, and employees for the use of this information for employment purposes.

Applicant Name (print)

Applicant Signature

Date

Witness Signature

Date