

ENTERPRISE RANCHERIA PRESENTS

TRIBAL LEADERSHIP SERIES INTERNSHIP OPPORTUNITY

WELCOMING ALL TRIBAL MEMBERS to apply for the Tribal Leadership Series for career options and job internship opportunities at Hard Rock Hotel & Casino Sacramento at Fire Mountain!

Enterprise Rancheria in collaboration with Hard Rock International invited all tribal members to apply for this internship opportunity at Hard Rock Hotel & Casino Sacramento at Fire Mountain. It is an opportunity to network with industry professionals with an in-depth rotation schedule in each department for 13 months.



APPLY BY

**MONDAY, SEPTEMBER 7, 2020
NO LATER THAN 5:00 PM**

CONTACT

Thomas Lozano
tdlozano@hrhcsac.com
530.990.6969
916.943.3654

WEBSITE

enterpriserancheria.org
hardrockhotelsacramento.com

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

NAME (LAST NAME FIRST)			
TRIBAL ENROLLMENT NUMBER:			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT INFORMATION (ONLY if a current employee at Hard Rock Hotel & Casino Sacramento at Fire Mountain)

CURRENT POSITION:	CURRENT DEPARTMENT:	
CURRENT MANAGER:	CURRENT MANAGER PHONE NUMBER:	CURRENT MANAGER E-MAIL:

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS COMPLETED	HIGHEST DEGREE ACHIEVED	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				

CONTINUED ON NEXT PAGE 

REFERENCES(GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

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

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

Referred by Selection Committee (write Yes or No):	
PROFESSIONALISM (Describe):	CHARACTER (Describe):
PERSONALITY (Describe):	ABILITY (Describe):

APPROVED: 1. _____ 2. _____ 3. _____
 Tribal Development Coordinator VP of HR Dept. Manager (only if a current HRI Employee)

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